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ORIGINAL DEPARTMENT.

LECTURE.

ON TENIA AND TENIAFUGES.

BY DR. CARL BETTELHEIM,
Of Vienna.

Translated from the *Klinische Vorträge*, for the MEDICAL AND SURGICAL REPORTER.

GENTLEMEN: The determination of the species—whether *Tenia solium* or *Tenia mediocanellata*, is unnecessary, and I have found that the expulsion of one variety is no more difficult than that of the other.

Having satisfied yourself of the existence of a tapeworm in your patient, the next point is to consider any symptoms which may contraindicate the treatment for its expulsion.

Contraindications are: any anatomical lesion of the stomach (gastric ulcer, acute catarrh, etc.); all febrile affections, wet-nursing, convalescence from severe illness, the menstrual period in females, pregnancy, weakness from old age, and in sickly children, if the presence of the worm does not produce serious inconvenience. Anæmia, if not too extreme, is not a positive contraindication.

If there are no symptoms which would lead you to delay an attempt at expulsion, you should then appoint a time for the same, when you may be at leisure to give it your entire attention, because if you are unable to do so you may be disappointed in the results; something may occur which will cause a failure; you must remember that your remedies only sicken the worm for a time, and that if it recovers before expulsion is effected; it may attach itself to the walls of the intestines, and thus frustrate all the efforts which

you have made. Carefully examine all fecal discharges. I have known attendants to declare that they contained no worm, when upon an examination I have found them to contain the entire worm with the head all rolled into a small mass.

My cure lasts from forty minutes to somewhat over four hours. I order the patient to abstain from all food (water excepted) for from eighteen to twenty-four hours before beginning the anthelmintic medication, and at the same time give suitable purgatives, the best of which are, in my estimation, castor oil or powd. jalap; a table-spoonful of the oil or from 0.3 to 0.5 ($\frac{1}{2}$ to 8 grains) of the powder, morning, noon and night, and another dose three or four hours before giving the anthelmintic. The latter I prescribe as follows:—

Cort. rad. punic granat., 2—400 = ($\frac{3}{4}$ vj-xij). Macerate for twenty-four hours in aquæ destill., 5—600 = (f. $\frac{3}{4}$ xvj-xix), and then evaporate until the strained residue measures 200—300 = (f. $\frac{3}{4}$ vj-ix). Care should be taken that the bark used is fresh, as it deteriorates by age.

The resulting decoction, which should be of a clear, dark brown color, is administered by means of an œsophageal tube, which is introduced to about the middle of the œsophagus and the fluid poured into the same by means of a small glass funnel.

The patient is then directed to remain as quiet as possible, and if the remedy is not vomited within half an hour or an hour, the worm is generally expelled in from three-quarters to four and a quarter hours.

If the bowels do not move in an hour and a half after the administration of the medicine, an-

other dose of the purgative or an enema should be given: this should, however, not be done sooner, as it may cause vomiting.

Grown persons generally allow the œsophageal tube to be introduced without much remonstrance, but some, of course, have an uncontrollable dread of such a procedure, and will rather drink the entire dose than submit to it.

If the decoction is vomited within a short time after its introduction into the stomach, 3 or 4 grams (45 to 60 grs.) of ethereal extract of male fern, in pill form, or 60 to 75 grs. of knissin, in powder, should be given in 0.5 gram ($7\frac{1}{2}$ grs.) doses every half hour to hour. The success of these remedies is, however, not as rapid nor as sure as my method.

Should the worm be only partially expelled and hang from the anus, the administration of anthelmintics must be continued. The patient should sit upon two chairs, and the worm carefully rolled on to a stick; as soon as the worm resists this procedure, having fastened itself to the intestinal walls by means of its suckers and hooks, the patient should be directed to lie upon his left side, and an enema of lukewarm water, to which a few drops of turpentine have been added, should be given, forcing the same as far up the intestinal canal as possible.

If the worm should not be expelled because the medicine is vomited as soon as taken, the same procedure should be repeated in a few days, only then the anthelmintic must be introduced into the stomach in three or four portions, at intervals of fifteen or thirty minutes.

For children I use a smaller quantity of the decoction, 100 to 150 grams (3 to 5 fluid ounces), and if vomiting is produced too early, I continue it in doses of 20 to 30 grams (5 to 8 drachms), every forty to ninety minutes.

As soon as the worm is expelled, the patient should be allowed to partake of some good nourishing soup.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M.D.,

Superintendent of Walnut Hill Home, Hartford, Connecticut.

I have intimated clearly, from the study of many cases of inebriety, that no degree of faith, or prayer, or earnest, honest intention on the part of the patient, can save him from inebriety. In all cases, I am convinced, as a physician, that these agencies are of great value, and always urge my patients to a higher living based on

faith, the exercise of prayer and a determined will to rise above the entailment of disease from which they suffer. I also urge that these forces cannot be made available unless supplemented by active work, the use of physical agencies, the exact application of means and methods which shall reach out and control the organism. Some physicians have taken exceptions to my views of the secondary value of spiritual forces in the treatment of these disorders, and have written to me detailing cases which have recovered by this means; also cases which have failed from the want of them. I think that any of these physicians will find, from a study of many different diseases, cases which have recovered in a manner more or less mysterious, which might be fairly attributable to the same spiritual forces, such as faith and prayer. Yet, the application of these means to other cases of the same disease would always fail, especially if they are used exclusively. The value of faith and prayer in inebriety is, in all probability, nothing more than the effect of mind on the body, and the application of the principle of hope and confidence which every physician seeks to inspire in the patient's mind, no matter what the disease may be. If this is trusted, to the exclusion of other means, failure will follow; and yet not unfrequently cases of disease go on to recovery, buoyed up on this, or *harmless infinitesimals*, which simply give a tonic activity to the mind and permit the full action of nature. In many cases I have been convinced that the shock to the mind from the presence of some powerful mental emotion was sufficient to arrest diseased action, and even change the malady and its progress. Illustrative cases of this character are seen in those persons who exhibit a total change of character and habits, either from religious emotion or from grief or fear. Or those who suffer from disease, complicated with a strong nervous element. I have seen inebriates who became suddenly converted make a radical change of all their habits, and after a time become melancholic, demented and die. Here was a change of the nature and character of the disease, from the presence of mental emotion. In another case of supposed mania and melancholia, the advent of a change of fortune restored him to a clear, vigorous activity.

I do not propose to discuss this question of the power of prayer or faith in inebriety, but wish simply to present some studies of cases which bear on this point, and which I think furnish the most rational conclusions. The first proposition I make is this: that no exercise

of faith and prayer or honest intention exclusively, can either save the inebriate or prevent him from falling. In a study of ten cases on this point, I found that seven had been, before and after the beginning of inebriety, active church members, had experienced conversion and led active lives of faith and prayer for longer or shorter intervals, depending on circumstances. Two of these were periodical inebriates, and had, during the free interval between the attacks, led a most consistent Christian life of faith and prayer. One of the seven exhibited the strange delusion of religious mania when drinking; at all other times he was a quiet skeptic and doubter, but when once under the influence of alcohol he was the most ardent religious devotee, exhorting with great enthusiasm, and asking the prayers of every person he met, to save him. His mind seemed filled with intense fear of failing to get to heaven, and every thought and exertion seemed directed to this end; but secretly he drank constantly, never to be stupid, but just enough to keep up a degree of excitement. This would last for two or three weeks, then merge into a low form of nervous fever, from which he would recover and remain sober for an indefinite time. This was a form of emotional inebriety which is sometimes seen in those who are either quarrelsome or excessively happy, benevolent or parsimonious, while using alcohol. The other three had been good church members before inebriety came on, but on becoming inebriates left the church. I am confident that all chronic inebriates have a diseased emotional nature which finds a natural outlet in religious activity, and that the exercise of faith and prayer is a contagious element which they feel readily, from their nature and the surroundings. This can be seen in all communities where every temperance and revival movement carries these men to the front rank and among the earliest converts. Also in every political excitement and social change, the most enthusiastic and excitable partisans are inebriates.

The following case is significant, in both its cause and the means which failed in the treatment. H. A., a clergyman, an active, hard working man, whose history gave no evidence of any inherited taint; from childhood he was an abstainer and rigid temperance man. After conducting a series of revival meetings extending over many months, becoming worn and exhausted, one day, during the administration of the communion, the idea impressed him that this wine would be of medicinal value. It was the

custom to store what remained of the wine at the parsonage, and when the service was over he drank some, in his study; the effect was so pleasing that he continued to drink, and before night became literally intoxicated. The next communion season he was seized with an intolerable desire to drink wine again, which he gave way to after the service, in his study, and became intoxicated as before. This alarmed him, and he sought, by his power of will and prayers, to prevent its recurrence. The next period was marked by the same fall and intoxication. After this intoxication the desire left him and only returned when pouring out the wine at the next communion season. Two years later I was consulted. He was nervous and much debilitated; was using patent bitters every day; had not been to the communion table for many months; was filled with fear that he would drink, and afraid of falling with the least temptation; hence was praying incessantly, and using every means to prevent such a recurrence by the exercise of strong will and faith. He said he was impelled to go and buy wine, and only after did he realize the danger. He could not tell why, except that the evil spirit impelled him to do so. He had exchanged pulpits and invited a brother clergyman to be with him at the communion season, and direct contact with wine was avoided, but a strange, nervous agitation followed, which soon became positively painful and increased until all sense of pride or consciousness of his condition was lost; then he resorted to the most cunning intrigue to procure wine, never seemingly able to realize his condition until after an attack of intoxication. If he was watched at this season he could keep from using wine; this would last a week or more, then all restraint was lost. During these attacks he at times exhibited a remarkable sensitiveness to conceal his condition. He preached more earnestly and was very religious and excitable, also more enthusiastic, where he had been cool before. I advised that he give up all work, and prayers, and go out into the country, put himself in some kind friend's control, work in the open air and keep perfectly cool and free from excitement; that he was suffering from dipsomania, which would break out more prominently, or develop into some other form of disease. His clerical advisers insisted that he could help himself by being more in earnest and depending more on divine help. Acting on this advice he obtained a short leave of absence to visit Europe, and returned a few months later, having drunk more there than at home. From this time his course was rapidly downward, and

to-day he is an inmate of an insane asylum. This man was most conscientious, and anxious to do right, and honestly tried to check this desire for drink by both his will and the exercise of faith and prayer. He was suffering from dipsomania, brought on by overwork and cerebral exhaustion, and could only be benefited by the application of exact remedies following the line of known physical laws. Had he been placed in some hospital for inebriates, recovery would have followed.

The second case was that of a farmer who came home from the army, where he won distinction for bravery, but had acquired periodical inebriety. I was consulted by letter, and urged the physical nature of his malady and the necessity of physical treatment. This he objected to, stoutly asserting his ability to stop any time. Being a favorite in that community he became the object of interest for both the temperance and church reformers, who sought, by the application of all their means, to save him. During the next three years he joined the church, relapsed, was received back again, was very prominent and earnest, then became cold and slanderous; also united with the temperance society, worked well for a time, and relapsed. Was the subject of the united prayers of the community for many years, and signed the pledge repeatedly; made innumerable efforts and resolves to stop, but failed; was a praying man, and sought every means to get help from this source; then gave up in despair. He wasted his property, and, in a paroxysm of drink, set fire to his building and perished in the flames. Here the failure was simply in not applying remedies that were adequate to meet his case. He was suffering from a physical disease which could be reached by physical remedies.

These two cases may stand as typical of many others who are disappointing their friends, and are enigmas to all who come in contact with them. Always attempting to recover, and with extreme confidence entering upon every effort that promises this end; then relapsing very unexpectedly, and only to repeat this process at an uncertain time and moment.

Another class of cases have come under my care that are equally enigmatic, but more common. Like the others they have disordered emotional symptoms, are either elated or depressed; at times seem to have great power of control, passing through many temptations with great firmness; then, all unexpectedly, relapse on the slightest provocation.

The following is a typical case of this charac-

ter: Brown, a lumber merchant, an intensely active man, with healthy parentage, who had been an occasional drinker from 20 years of age, began to use alcohol to excess when 34 years of age. Five years later he was an irregular inebriate, drinking very severely for a week or more, then reforming for an uncertain interval, varying from a few days to a year. He was a leading man in the community, and the object of great solicitude by his friends. From his brother-in-law, a physician, I obtained the following history: He drank always at home, in his room, and would not go out, but insisted on doing business and having friends come there to him. He was either very jubilant and hilarious or stupid and drowsy. All advice and pleadings of friends were listened to with unusual politeness. Clergymen and others would come and pray for him at these periods, to his apparent pleasure. He would become violent if any attempt was made to take away the spirits, claiming he would stop when he pleased. Then, suddenly, he would call for a pledge, sign it, and stop at once, go to church, exhibit great zeal for the temperance and church work, or go to saloons and talk, and attempt to help inebriates reform by advice and money. These efforts would last an uncertain time; then, unexpectedly, he would begin to drink at home again. Sometimes he would "swear off," as he termed it, for a year or more, and remain rigidly temperate up to the last moment, then drink in a manner equally mysterious. When he pledged to abstain for a certain time, it was carried out rigidly, to the exact moment. If during his paroxysm of drink he could be induced to sign a pledge, it was the end of all further intoxication or drinking. This puzzled his friends, and seemed purely a vice which he could check at will. At times he made active exertions to build himself up by the exercise of faith and prayer, and never seemed to realize his condition or be conscious of the excess. He continued in this way for many years, and finally died of acute pneumonia, after an attack of drinking.

A., an actor, thirty-five years of age, with unknown parentage, consulted me about irregular attacks of inebriety attended with intense depression and suicidal delusions. The paroxysms were preceded by attacks of acute dyspepsia, which came on unexpectedly to him or his friends. He joined the church and many temperance societies, advised with clergymen and others, but obtained no relief; his friends said he was very cheerful, and if his buoyant spirits

could be kept up during the attack of the dyspepsia he would remain temperate, but if from any cause he became depressed, inebriety was inevitable. At times he would determine not to drink, and carry it out; again, he would exhibit the same firmness and energy, yet fall. My advice to stop work and go under physical treatment for this condition was neglected, and today he is alternately reforming and relapsing, seemingly dependent upon obscure unknown conditions.

These cases both exhibited disordered emotional symptoms, and seemed to try hard to recover by the use of the will and the exercise of faith and prayer. They both could, at times, restrain themselves, and were enigmas to their friends. These cases may be termed emotional or accidental inebriates, and follow an apparently erratic, confused course, appearing and disappearing at unexpected times and seasons. A noted temperance lecturer, who is of this class, has a paroxysm of drink craving every two hundred days. At times he is able to resist, at others he gives way, but no matter what the time or circumstances may be, the return of this paroxysm is certain and invariable.

I am sure that a study of these cases will indicate the laws which govern them, and show the same realm of physiological and psychological forces as that which govern other diseases. I protest against calling every symptom that is obscure an evidence of vice, and attempting to reach it by spiritual agencies alone. Because an inebriate, under the emotional excitement of religious or temperance appeals, reforms and remains temperate, to reason that these means will be effectual in all other cases, or that the disorder is simply a vice, is thoroughly unscientific. Cases are found where chronic inebriates reformed at once without any cause, under the most adverse conditions; the same unknown element is seen in all diseases, indicating merely our ignorance of the knowledge and conditions of all the laws governing them. Any careful study of inebriety will show that its complex causation and character cannot be reached by any specific or special methods, and all efforts to cure it as a vice by spiritual means must result in failure. I would not discourage the efforts of church and society, but seek rather to educate them into a broader view on the subject and the use of means adequate to reach the disorder. I would urge upon the profession the study of this subject with a true scientific spirit, and thus seek to teach the enthusiastic church and temperance reformers how to work more effectually and on a

broader plane. The profession should teach the world what inebriety is and how to treat it, and not reformed inebriates and clergymen, who are heard in every town of the land. The following conclusions I am sure will be confirmed by all who have had any experience, and are founded on rational natural means:—

1. Inebriety is a physical disease which must be reached by both physical and psychical means.

2. All methods of treatment must be along the line of natural laws, and include all means, both physical and spiritual, that can build up and strengthen the entire man.

3. Spiritual means are only valuable in proportion as they are used with other means, and where they are effectual alone, they are the exception to the rule and cannot indicate any direct line of treatment.

MEDICAL SOCIETIES.

KENTUCKY STATE MEDICAL ASSOCIATION.

ANNUAL MEETING.

REPORTED BY A. H. KELCH, M.D.

This, the twenty-sixth annual session of the Kentucky State Medical Society, convened at Covington, on the afternoon of Tuesday, April 5th. At three o'clock Dr. Lyman Beecher Todd, of Lexington, called the meeting to order, and the work of organization at once began. But little time was consumed in listening to the reports of the Secretary and Treasurer, and of the committees of arrangements, entertainments, etc., when the regular order of the reports of papers, according to the programme, was entered upon. The lateness of the hour of opening was necessarily followed by a short session, and but three papers were, in the afternoon, presented. Dr. G. L. Dunlap, of Danville, read an interesting paper on improvements in surgery, being followed by Dr. C. H. Thomas, of Covington, on improvements in the practice of medicine, and Dr. S. M. Letcher on hygiene. The association was then adjourned until eight o'clock in the evening, when it reassembled to hear the President's address, as usual. Dr. Todd is a pleasing speaker, a man of good address, and his oration was well received. He began by saying that "the quarter century anniversary of his professional life has been crowned by the highest honors it was in the power of an association representing a noble State to confer." He uttered his appreciation of this expression of confidence and esteem, and considered it appropriate, in view of the circumstances, to call the attention of the society to a *quarter century retrospect in medicine and what it teaches*. After dwelling at some length upon the nobility and the grandeur of the profession chosen by those who form the membership of the body he was addressing, he said: "You are the representatives of discoveries—the circulation of the blood, auscultation, vaccination,

the ligature, ovariectomy—which will live and bless the world forever. The names of Harvey, Laurence, Jenner, Pare and McDowell are immortal. The historic muse, proud of the charge, marches with them down to succeeding ages, and when the knell of time shall have sounded, they shall live on in the ever widening cycles of eternity." In speaking of anæsthesia, Dr. Todd compared the world to a temple, saying: "Within this temple's grandest hall a statue of matchless beauty stands, the master's noblest conception, art's proudest triumph. From a vase of rare designs, held in her half extended hand, arose a vapor, ethereal, and though unseen by mortal eye, more potent far than perfumed incense from priestly censer ever swung. This thing of beauty stood all veiled, a fitting emblem of that mystic potent spell in which all who approached it soon were bound. From joyous youth to hoary age, from every clime, toward it I behold an innumerable and afflicted throng of human life come crowding, surging on. Upon the features of every face is stamped the trace of pain, and anguish and sorrow; sighs and groans alone escape their lips. In dismal procession the wounded, maimed and crippled, by friendly hands are borne, and children, too, in affection's tireless arms, and not in all this vast concourse a single smile is seen. O! acme of human horror and human sorrow. Whence come they, whither go and why? From every scene of battle, from every field of strife, from every place where injuries may befall, they come, and, passing this figure of wondrous power and mystic spell, they sleep a quiet, peaceful sleep. They disappear to reappear again, but O how changed! Returning, circling round that statue, which now, indeed, seems to smile, in shouts of joy, in strains of wildest, sweetest music, they proclaim peans of victory to science's power. That name is caught and canonized by poetry and history, and shouted by all in rapturous acclaim, "anæsthesia, anæsthesia, anæsthesia, heaven's second best gift to man!"

A fitting tribute next was paid to preventive medicine; the treatment and protection of the insane and prevention of insanity received consideration; the cultivation of specialism in medicine was commended, and the effort to elevate the standard of medical education eulogized. Training schools for nurses were not forgotten, and the speaker closed with a reference to the names of Dudley, Lowry, Bruce, Yandell, Rogers, Jackson; and last, whose career was short, but bright as brief, he spoke "of Cowling, gifted, eloquent, and graceful Cowling, summoned but yesterday to roll call above, when we had hoped to meet him here. His death, blighting high hopes and closing a grand career, saddens your hearts and mine, as now upon his new made grave, with loving hand, I strew spring's earliest roses wreathed with immortelles."

The morning session of Wednesday opened with a very large attendance, and immediately after order was called Dr. Wm. H. Wathen, of Louisville, moved to appoint a committee to draft suitable resolutions commemorating the death of Dr. R. O. Cowling. Dr. Wathen's motion was unanimously adopted, the president appointing him as chairman of the committee on

such resolutions. In the course of the morning this committee reported as follows: "Your committee, appointed to report resolutions expressing the sentiments of the Kentucky Medical Society on the announcement of the death of Dr. R. O. Cowling, find the task a very difficult one. All formal phrases are unworthy the occasion. What he was to us, each shall often feel, in thoughts that lie too deep for words. Memory alone can adequately remind us of the cheer we had in his company, and the confidence we put in his counsels. Our sense of immeasurable loss and dissatisfaction at this feeble public indication of it will be duly appreciated by his family, and all others whom a good fortune brought near to him. To them we offer all the comfort they can get from the knowledge that their grief is shared by a large circle of his professional associates." "We suggest that this testimony be spread upon the minutes and properly engrossed for transmission to his family."

Dr. J. J. Speed, in seconding the adoption of the resolution, paid the following tribute to Dr. Cowling: "If genius and fine culture, and unfailing wit—but a wit that never wounded—entitle a fellow man to our admiration, Dr. Cowling was entitled to it, for he had them all. A genial companion, and a man whose opinion older men sought, and before whom younger men bowed as before a shrine, has gone from among us. In the prime of a strong manhood, before most strong men begin to fail, his generous heart, unrecognized even by himself, as a muffled drum, was beating funeral marches to the grave. I said he was a man of genius; his presentation of the McDowell relic to Dr. Gross, at Danville, was, perhaps, the finest piece of oratory that this Society has ever listened to. Whatever comparisons may be made between them as surgeons, he certainly outwrote and outspoke the great Nestor. He has left his mark upon surgery in the west, and it is a fair presumption that, had his life been spared for future labor, he would have ranked with the foremost surgeons on this continent."

After the unanimous adoption of the resolution, the call for irregular business brought Dr. T. N. Wise, of Covington, to the floor, with a resolution to have the proceedings, along with the minutes of the present session, published in pamphlet form. After speaking at some length he was curtly informed by Dr. D. W. Yandell that if he had taken the medical periodicals of the day he would have seen that the matter of the publication of the minutes and proceedings had been definitely settled last year, at Lexington; that the minutes of the meeting only are to be published by the Secretary, and the papers presented to be published through whatever channel their authors might desire; that this forward step by the Kentucky Medical Society had been highly commended by the profession in the States of Texas, Missouri, and Illinois, and therefore the gentleman's resolution could not prevail. Dr. Wise continued by saying that he was a subscriber to the *American Practitioner*, but sometimes found it a difficult matter to read it, and further, that his resolution was intended to apply but to the proceedings of this particular session.

Dr. Dudley S. Reynolds raised the point of order, in which he was sustained by the chair, thus ruling the resolution and the discussion out of order.

Dr. J. H. Letcher, of Henderson, chairman of the committee on improved Constitution and By-laws, was next recognized by the chair, and reported that after carefully examining the constitution and by-laws of the different State Medical Associations, from Massachusetts to Alabama, as a result of his investigations, he had largely drawn the suggestions he had to make from the constitution of the Medical Association of the State of Tennessee.

When the report was read it created considerable discussion. The constitution suggested the requirement of a bond from its officers. Dr. Reynolds called the attention of the Society to the fact that the Association is not an incorporated body, and therefore, cannot require a bond of its officers. He also recommended that the committee consider the propriety of changing the time and place of meeting, so as to make the latter central and unchangeable and the former to suit the convenience of busy practitioners throughout the State. He also suggested that since the proceedings were no longer to be published in pamphlet form, three dollars annual dues is more than is necessary, and he thought that two dollars would be quite sufficient. He then moved to refer the report back to the committee, to be revised by it and the nominating committee, in joint session, and this motion being carried, the report came back, having very briefly stated the following propositions different from the constitution at present in force. "That aside from permanent and honorary members there shall be *delegated* members from the local societies, both city and county, one for each five members of each society, and one for each fraction over five, these *delegated* members becoming permanent members, so long as they conform to the rules and regulations of the Society. This article also provides that officers of the State Society, and chairmen of all committees of reports shall be *delegates ex officio*. Provision is also made for a permanent Recording Secretary. It abolishes the Publication Committee, and hence the publication of the papers read before the Society, and makes it the duty of the permanent Secretary to have printed and sent to each member of the Society the minutes of each annual meeting, together with reports of the several officers of the Society and the Committee on Finance only. It also provides that none but *delegates* and permanent members in actual attendance shall be eligible to any of the offices of the Society or as *delegates* to the American Medical Association, or State medical societies. It makes certain rules and regulations in regard to all city and county societies which shall be auxiliary to the State Society. Provides for the division of the State into twelve censorial districts, a Board of Censors for each district being elected by the State Society and each county in the State being represented by one physician in the Board. The Board of censors for each district shall examine all laws and regulations of the local societies in their respective districts, decide all cases of ap-

peal from aggrieved members of local societies, decide all questions pertaining to the code of ethics, etc. It also provides for the raising of a "Prize Essay Fund," which shall be devoted to the payment of a prize for the best essay on some designated subject, the decision to be made by a Prize Essay Committee. It provides that the permanent place of meeting shall be in Louisville, at the rooms of the Polytechnic Society of Kentucky, that the time of meeting shall be the first Wednesday in April, and that the annual dues shall be \$2.00.

This question having been disposed of, Dr. Dudley S. Reynolds brought up the subject of reforms in medical teaching, saying that, inasmuch as at the last meeting of the Medical College Association a resolution was adopted, making it incumbent upon members to require of applicants for graduation an attendance upon three full courses of lectures, and that in view of the action of some of the eastern colleges, notably the College of Physicians and Surgeons and the Bellevue Hospital Medical College, of New York, in withdrawing from such a contest for purely mercenary considerations, after promising to abide by such arrangement, he thought it proper that the various State societies should take some action, or give some expression of the feeling of the profession outside of the medical colleges, and he therefore offered the following:—

"*Resolved*, That it is the judgment of the Kentucky State Medical Society that the American Medical College Association should be encouraged in the attempt it has been making to institute reforms in the method of medical teaching, and we pledge it our hearty support."

This resolution was unanimously adopted.

Dr. W. W. Dawson, of Cincinnati, having made his appearance in the audience, was, by a vote of the Society, made a corresponding member, and was invited to a seat on the platform.

Dr. McCormack, of Bowling Green, presented for the consideration of the Society an amendment to the present law regulating the practice of medicine in Kentucky. The amendment proposed is to read thus: "And any person who is now practicing, or may hereafter propose to practice, in any way whatever, in any county in this Commonwealth, shall first appear before the judge of the County Court of such county and exhibit to him a diploma from a regularly chartered medical college, or a certificate of qualification from a District Board of Medical Examiners of this State, or satisfactory evidence that such person has been regularly and continuously engaged in the practice of medicine in this State for ten years prior to the passage of the law of which this is an amendment. Such person shall also make affidavit that he is the person named in the diploma or certificate, and how long and where he has been located.

"It shall be the duty of the County Judge before whom the exhibit and affidavit are made to give to such person a certificate setting forth the name of the college or board issuing the diploma or certificate, date of certificate or diploma and such other facts as are contained in the affidavit which shall be furnished by him to the County Clerk of such county, for record in a

book kept by him for that purpose, which shall be open to the inspection of the public at all times. And it is hereby provided, that a regularly chartered Medical College, within the meaning of this act, is one reputedly engaged in teaching the science of medicine, as recognized by the school or system of medicine to which it professes to belong, and that a board of examiners, within the meaning of this act, is one of the legally organized boards of medical examiners of this State. It is hereby made the duty of the State Board of Health of this State to prepare a list of such colleges and boards, and furnish such list to each of the County Judges of this State, and that such list shall be the sole guide of such judges in determining the standing of medical colleges and examining boards.

"It is hereby made the duty of the County Boards of Health to report violations of this law to the Grand Juries of their respective districts.

"Any person violating this act shall be subject to all the penalties prescribed by the original act, of which this is an amendment."

This amendment was unanimously endorsed by the Society, and it was voted to present a copy of the same to the committee on hygiene and sanitation, of the next legislature, with the recommendation of the Society for its passage.

While the business of the Association was being transacted, the annual meeting of the Board of Health was held, and they reported, through their secretary, that their meeting was a very satisfactory one. That some progress has been made by placing in the hands of every doctor in the State a blank book for returns of births, marriages and deaths, by securing a list of 2500 names of doctors, with their post office addresses, and by sending copies of their annual report to every publication in the State. The attention of physicians has been called to the necessity for coöperation in order to secure any satisfactory results. The next meeting of the Board will be held in Hopkinsville, July 1st, and delegates are to be sent to attend the Mississippi Valley Sanitary Association, held at Evansville, Ind., on the 20th of this month.

Dr. McCormack moved to recommend to the legislature, at its next session, the application of a law relating to the qualification of druggists and pharmacists in cities, to druggists and dispensers of medicine in general throughout the State. This has reference to a law passed in 1874, which provides that all druggists and dispensers of medicines in corporations of 5000 and upward must be graduates in pharmacy.

Dr. J. W. Holland, of Louisville, was recommended by the nominating committee for President; Dr. Chas. Mann, of Nicholasville, Senior Vice-President; Dr. C. H. Thomas, of Covington, Junior Vice-President; Dr. L. S. McMurtrie, of Danville, for permanent Recording Secretary; Dr. J. N. McCormack, of Bowling Green, for Corresponding Secretary; Dudley S. Reynolds, M.D., Chairman; W. O. Roberts, M.D., and J. A. Ireland, M.D., the Committee on Publication; all of whom were unanimously elected by the Society. The President nominated the following committee on prize essays, which on motion was confirmed by the Society. Dudley S. Reynolds, M.D., Chairman;

David W. Yandell, M.D., Louisville; A. R. McKee, M.D., Danville; H. M. Skillman, M.D., Lexington; Chas. H. Todd, M.D., Owensboro. The president then appointed the chairman of the committee of arrangements for next meeting, appointing Dr. Dudley S. Reynolds, of Louisville.

Twenty-five delegates to the American Medical Association were appointed; Drs. Dawson, Whittaker and Dandridge, of Cincinnati, were elected corresponding members, and with returning votes of thanks to almost every one and every thing, the business portion of the meeting closed.

The following is a summary of the literary features of the meeting.

Dr. J. W. Holland read a paper on the subject of chronic poisoning from the use of cosmetics. He said his object was to call attention to the fact that lead poisoning has certain vague but interesting features different from those of wrist drop and colic, and that a case may continue to complete saturation of the system without the remarkable sign of wrist drop being presented at any time. In proof of which he related the case of a young lady who came to him complaining of symptoms of constitutional weakness, dyspepsia, falling of the hair, and having yellowness of the sclerotic and a general cachectic state. She presented at this time the unmistakable evidences of lead poisoning in the existence of double drop-wrist and the blue line along the gums. This young woman had been strong and hearty until two years previous to the time when she came under observation, at which time she began to use flake white. Her history since has been an interesting sketch of vertigo, headache, recurring attacks of colic, constipation and dyspepsia, her general health gradually but surely declining, until a short time since she suffered from attacks of melancholic mania, which lasted for a month. The case had repeatedly baffled the skill of practitioners, and a singular feature about it was the improvement which resulted from confinement to the house. Under these circumstances, the cosmetic being unapplied, the system relieved itself, to some extent, of the poison. She was wholly ignorant of the cause of her condition until the wrist drop drew attention to the specific nature of the poison. "On her second visit to me," says Dr. Holland, "she was accompanied by her sister, a seamstress, who had been compelled to quit work on account of failure of strength in the arms. She had been using the same preparation for the same length of time, and had suffered from the lead gout, as it is called, and from what was presumed to be epileptic convulsions." He emphasized the two facts which it was the object of his paper to call attention to, namely, that lead may be introduced into the system from absorption through the skin, when applied in the form of cosmetic powders, enamel lotions, or in the form of what are called hair restorers; secondly, that the most beautifying enamels are composed of white lead, and that nearly all hair restorers contain sugar of lead.

Dr. Wathen related a similar experience, in which a young lady consulted him, and was treated by him, for irregularities of menstruation,

until the multiplicity and diversity of symptoms caused a close investigation of the case, when it was revealed that she had been applying cosmetics to a sufficient extent to obscure the freckles on her face.

Dr. M. T. Scott, of Lexington, who had been appointed to read a paper on the diagnosis of diseases of the chest, announced that he would confine himself to the consideration of an obscure case of aneurism of the thoracic aorta, with remarks on its diagnosis. The patient was a brick mason, colored, forty-seven years old; came under observation February 29th, 1880. For a year he had suffered from vague and anomalous symptoms referable to the thoracic and abdominal organs; his principal complaint being of dyspnea, almost constant, never excessive, and little if at all increased by exertion. Periodically, he complained of a dull, gnawing pain, of a neuralgic character; this was worse at night. He had a syphilitic history, symptoms of exophthalmic goitre were present, and the countenance was expressive of anxiety and pain. The lungs were emphysematous, percussion note vesiculotympanic, cardiac dullness decreased, but the heart sounds normal, pulse from 100 to 125, and temperature always below 100° F. No thrill, murmur, bruit, or localized bulging, even, was manifested. The dull boring pain between the spine and left scapula became more and more intense as the case progressed to a fatal termination, which occurred suddenly, during a paroxysm of coughing. The autopsy revealed an aneurism the size of a large orange, at the upper portion of the thoracic aorta. This condition existed as a dilatation of the coats of the vessel. The normal calibre of the vessel terminated abruptly at both the proximal and the distal sides of the sac. The bodies of the 3d, 4th, 5th, and 6th dorsal vertebrae were eroded, and the rupture of the sac had allowed the blood to escape into the left bronchus. Dr. Scott then entered into a discussion of the case at some length, citing statistics as to the frequency of occurrence of aneurism in the various portions of the aorta. He then referred to a variety of conditions that may affect the calibre of intra-thoracic vessels, thus causing murmurs and capable of misleading, and reached, as the final proposition, that, after all, we are indeed compelled to rely for our diagnosis upon the indirect symptoms, the sequential phenomena.

Dr. J. D. Neet, of Versailles, reported an obscure and interesting case of pyothorax, which occurred in an individual free from any history of hereditary tuberculosis. The individual, throughout the period of his illness, had an excellent appetite, and would have been well nourished but for the constant drain of pus from openings, spontaneous in character, increasing both in size and number as the case progressed. The autopsy revealed no sign of tubercle, nor of fibroid phthisis, and Dr. Neet rather favored the opinion of death by exhaustion, being seemingly unable to further account for the pathological condition.

Dr. Whittaker, of Cincinnati, regarded it as a case of "empyema necessitatis," and considered the case undoubtedly tuberculous in character, notwithstanding the history. He held that tu-

berculosis is first a blood disease, and as such it is more frequently acquired than inherited. He then made some remarks concerning the generation of pus from the white blood corpuscle, through the transformation of the cell by its death.

Dr. A. M. Vance read a paper on the "removable paper brace in the treatment of spinal curvature." At the conclusion of his paper, Dr. Dawson, of Cincinnati, and Dr. Yandell, of Louisville, engaged in a somewhat lengthy, though interesting discussion of the merits of various dressings in spinal diseases, the general agreement seeming to be that the acme of perfection is not yet reached in this respect. A desire was repeatedly expressed for the invention of a flexible and easily adjusted dressing, which, while it permits of freedom of motion and ready adaptation, yet does not lose sight of the prime object of all such dressings, which is to give unyielding support and absolute rest to the afflicted portions.

Dr. Harwood, of Shelbyville, read a report on the therapeutic uses of quinine, in which he took the ground that when given to the extent of twenty grains a day, in cases of remittent fever, or intermittent when the apyrexia is short, it will produce the increase of temperature which it is an object in the treatment to abate. He has no doubt that many cases of relapse, as it is understood to be in these cases, are cases in which the action of the drug is not understood, or, being known, is disregarded.

Dr. Dunlap made a report on the epidemic and contagious diseases of central Kentucky from which it appears that a few cases of measles and now and then a case of scarlet fever is about all the wave of trouble of this kind that has rolled across the peaceful breast of the State.

Dr. W. O. Roberts reported a case of successful ovariectomy, exhibiting the specimen, and called attention to the fact that, performed under strictly antiseptic precautions, the case was afterwards troubled by comparatively no rise of temperature, and under the use of hypodermic morphia, as an anodyne, recovered entirely in the course of two weeks.

Dr. Coomes, of Louisville, being unable to attend the Society, had his report read. It consisted in the description of what might be called an audiometer. He claims that by its use malingerers may at once be detected, while the instrument serves the purpose of both measuring the acuteness of hearing and registering any improvement that may take place from day to day, as well as permitting the operator to test the patient's hearing with reference to different sounds, from musical tones to conversation.

Dr. Wathen presented some ideas upon the subject of urethral examination in females, detailing the unsatisfactory methods that have previously been practiced, and calling attention to the general desire for some improvement in this direction. He thinks much may be accomplished by the application of a *modified dilating forceps* to these cases, provided the instrument be properly manipulated.

Dr. McMurtrie read a report on the subject of typhoid fever.

Taken all in all the policy of the meeting just

ended has been of more importance than its literary accomplishments. While the latter have been fair, the work done this year, in the matter

of business, is, no doubt, destined to have much influence upon the attitude which the profession shall assume in this State in the future.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Pathology and Treatment of Sea-sickness.

Dr. O. G. Wood writes to the *British Medical Journal*, on the subject of sea-sickness:—

My experience leads me to the following general conclusions:

1. Individuals who cannot look down from a height without feeling giddy suffer more frequently and more persistently than those who do not experience such sensations.

2. Men who are accustomed to smoke strong tobacco suffer less frequently and recover sooner than non smokers or those who use mild mixtures.

3. The people who suffer least (leaving out of consideration those who, from habit, or early training, have become accustomed to the motion of a ship) are men of naturally "strong heads" and "good nerve" expressive, if not strictly scientific terms; men of good physical development, who ride straight, delight in games requiring both pluck and judgment, and never lose their presence of mind in any emergency. Hence, perhaps, the reason why sea-sickness has from time immemorial been considered a fair subject for ridicule, as implying a certain deficiency in the manly virtues.

4. Sea sickness supervenes sooner on an empty stomach, and when a "bad sailor" has recovered from sea sickness he often continues to suffer from nausea on first rising in the morning; that is to say, in the long fast between dinner and breakfast, and on changing the recumbent for the upright position.

5. If stimulants (among which I include small doses of opium) be taken while in the recumbent posture, and retained by the stomach, a temporary power of resisting sea sickness is obtained, but a very pronounced reaction, not easily remedied, is apt to follow this alleviation.

6. It is exceptional to find a woman who is really a "good sailor."

To each of these propositions, more particularly the last, there are undoubtedly exceptions; but to my own mind there are sufficient data on which to base the following conclusions:—

1. There is analogy between sea sickness and the feeling of nausea often produced by fear or other disturbing mental emotions.

2. Sea-sickness is, in the first instance, at least, a purely cerebral phenomenon, though doubtless the repeated acts of vomiting do in time produce local gastric irritability.

3. This cerebral phenomenon is due to the disordered (irregular?) intra-cranial circulation, which, produced at first by the motion of the ship, is maintained and intensified by a second-

ary disturbance of the normal inhibitory function of the vagus causing a rapid, weaker, and irregular action of the heart. Hence, the effect of the recumbent posture, and, perhaps, in part, the influence of stimulants.

If, then, my views be correct, the indication for the treatment of this truly distressing malady is to regulate the cerebral circulation; and this I would attempt to do the moment the first sense of nausea began to manifest itself. I fear we shall never be able therapeutically to prevent sea-sickness, but I do hope that we may some day be able to cure it. The next sea-voyage I have to make, I intend to take with me the following mixture, and to try the effect of a one ounce dose twice a day:—

| | | |
|----|--------------------------|------------------|
| R. | Liquoris atropiæ, | m̄xij |
| | Tincturæ digitalis, | m̄lxxx |
| | Tincturæ cannabi indicæ, | m̄xl |
| | Tincturæ capsici, | f. 3 ij |
| | Olei caryophylli, | m̄xvj |
| | Lymph. aurantii, | |
| | Mucilaginis acaciæ, | aa f. 3 j |
| | Aquæ, | ad f. 3 viij. M. |

At the same time, of course, carefully regulating the bowels, which are apt to become constipated on a sea-voyage. I am inclined to believe that the combined action of atropine and digitalis, together with the slightly exhilarating effect of the Indian hemp, may enable us to meet the indication to which I have already referred.

Transmission of Rabies by Inoculation.

In the month of January M. Maurice Reynaud read a communication on this subject before the French Academy of Medicine.

A child died at the Trousseau Hospital (Paris), of confirmed hydrophobia; just before its death four rabbits were inoculated with saliva from the mouth of the patient, and three died; two were inoculated with the blood, without fatal result. After the death of the child, two rabbits were inoculated with the mucus found in the bronchial tubes, and both died; six with fragments of the salivary glands, with but one death; the roots of the tri-splanchnic nerve placed under the skin of another rabbit caused death in three days.

In a third series of experiments it was found that the saliva or blood of any one of the animals thus killed invariably caused the death of other rabbits inoculated with it. M. Reynaud concluded from these facts that the transmission of rabies from the human subject to animals was possible, and that these animals died of hydrophobia.

This supposition was contested by M. Colin,

of Alfort, who considered that septicæmia was the cause of death.

M. Pasteur removed some saliva from the mouth of the child, four hours after death, and with it inoculated two rabbits; both perished in thirty-six hours, and their saliva caused the death of two others. In the blood of these animals M. Pasteur discovered a microscopic organism (*microbe en huit de chiffre*), which differed notably from the vibron found in septic conditions.

The lack of any period of incubation would seem to be against the supposition regarding the transmission of rabies.

The Academy appointed a commission to experiment on the subject, and M. Villemin presented their report (*Concours Méd.*, Feb. 19th). In a first series of experiments, two rabbits were inoculated with a drop of septic blood and died in less than twenty-four hours. At the autopsy, violent local inflammation, serous suffusion, profound alteration of the tissues, softened spleen, numerous bacilli (*microbes en batonnets*) in the serous fluid, infiltrating the tissues, but none in the blood taken from the heart.

2. Two rabbits were inoculated with a drop of blood obtained from the animals which had been inoculated with the child's saliva; they succumbed, one in eighteen, the other in thirty-six hours. Autopsy; turgescence of venous system; induration of the spleen; spots and hemorrhagic suffusion in trachea and lungs; finally bacilli of figure of eight shape (*microbes en huit de chiffre*) in the blood, differing essentially from the vibrios proper to septicæmia found in the other case.

The conclusion arrived at by the commission was that it was impossible to consider this disease identical with septicæmia.

Incision in Purulent Pericarditis.

An extraordinary and interesting case is recorded in the *Berliner Klin. Wochenschrift*, No. 5, 1881. A boy, ten years of age, suffered from empyema and purulent pericarditis. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion were withdrawn. The pericardium was tapped, and about four ounces of pus taken out. The patient's condition did not much improve; there was very considerable and increasing dyspnoea, with lividity, and some oedema of the feet and legs; sleep was much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage-tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not, however, until at least two hours

later that the pulse became appreciable. On the day following the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks the pericardial wound, which had been gradually closing, was cicatrized. There were no further pericardial troubles. But the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition therefore was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient was sent out of the hospital cured.

The author draws the following conclusions from his case: 1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or oedema of the tissue, so that the nature of the exudation can only be decided after an exploratory puncture. 2. We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3. In cases of considerable pericardial effusions, change of position may not influence the line of dullness; but this fact must not always be interpreted in favor of dilatation of the heart.

Prognosis in Cardiac Disease.

At a meeting of the Medical Society of London, in February, Dr. Milner Fothergill read a paper on the "Prospects of Cases of Valvular Disease of the Heart." He pointed out that the well marked cases, as described in text-books, were generally recognized and appraised correctly. But there were other cases marked by the presence of a murmur; when the prospect was very much better. Much misery to patients, and considerable discredit to the profession, were the result of transferring to such cases the prognosis of the most serious forms. Practitioners scarcely ever erred about the grave cases, but they were not always so accurate about the less serious cases. Stokes long ago pointed out that there were cases where the mischief did not progress, or imperceptibly; and Latham differentiated three forms of mitral mischief after endocarditis of varying severity. It was important to recognize the fact that in many cases the injury done is quiescent, like a scar, and the patient is only conscious of something wrong on effort. All light work was not incompatible with length of days. He then related the history of four cases, all well known to him, of mitral disease.

1. A girl who had a loud mitral murmur at the age of eight. She is now twenty-four, in fair health, as a village schoolmistress.

2. A man whose murmur was first heard in 1867, sometimes ailing, but at work as a blacksmith, only troubled when shoeing very heavy horses.

3. His sister, with disease of two years' standing, last year flooded in labor. She became anæmic, and then some dropsy followed, which quite disappeared under treatment.

4. A man with some mitral disease, of twenty-seven years' standing, who had dropsy for the first time last autumn, after a short illness. He is now free from any dropsy and feeling well

again. Another case of severe mitral disease, lasting thirty-eight years, was cut short by bronchitis last spring. Even aortic regurgitation does not always progress rapidly, and he knew of a number of cases where no perceptible progress had been made in four or five years. Consequently we are not to take a hopeless view of all cases of valvular disease of the heart.

On the Control of Diarrhoea in Typhoid Fever.

Dr. James W. Allan, superintendent of the Glasgow Fever Hospital, says, in the *Lancet*, March 19:—

It is, perhaps, better not to attempt to check the diarrhoea of enteric fever so long as it is mild—that is to say, as long as the motions do not exceed three or four in the twenty-four hours. But when the stools are very loose and copious, as well as frequent, it becomes a very desirable thing to control, if not to stop, the diarrhoea. Severe purging rapidly exhausts a patient. In the case of children the following measures may be tried:—(1) Boiling the milk which constitutes patient's diet; (2) boiling cinnamon in the milk, and straining it; (3) adding lime-water to the milk in varying proportions, say from one in four to half and half.

The above simple remedies are well worthy of trial. They have the great advantage, in the case of children, of not being "bad to take," and further, while the patient is taking the medicine he is taking his diet (*i. e.*, milk) at the same time.

In the case of adults the means just mentioned should first of all have a trial. If they fail we may then try (1) that excellent pill—lead pill with opium—say one every three or four hours, till the diarrhoea is restrained. This pill is very valuable in the treatment of purging, and it has the additional advantage of tending to relieve pain and check flatulent distention of the intestines. Should the purging continue, and especially if the desire to go to stool be urgent and persistent, we should at once resort (2) to the use of the starch and laudanum injection—say ten, fifteen or twenty drops of laudanum in two tablespoonfuls of thick starch, injected into the rectum. This is a capital remedy; it checks the diarrhoea, allays the irritation, and probably at the same time disposes the patient to sleep. It is perhaps unnecessary to add, that no beef-tea should be given while there is diarrhoea.

Prevention of the Irritating Effects of Atropia.

In the *Cincinnati Lancet and Clinic*, Dr. W. W. Seely, writes:—

It is well known that atropia not unfrequently causes even a vast amount of irritation to the conjunctiva, so great in some cases as to preclude its use.

The suggestion made by myself in 1867, of combining a small quantity of some astringent (usually zinc) with the atropia has remained the only practical solution of the difficulty, and has probably been used by everybody.

Since the well known effect of eserine of contracting blood vessels has been recognized, combining a quantity with the atropia has been tried, and with a certain degree of satisfaction; but the fundamental action of these two substances, as all know, is the opposite, so the eserine detracts somewhat from the mydriatic effect of the atropia, an effect whose diminution can be poorly tolerated, since in iritis (about the only territory left for atropia) we want the greatest possible mydriatic results.

Now, it is surprising what a controlling effect the yellow oxide of mercury has over exactly the state produced by the atropia, and I am in the habit of using it daily in cases of iritis, with apparently the most satisfactory results, quite perfectly overcoming any irritation from the atropine. My experience has not been conclusive, so far as this irritating effect of atropia goes, simply because I have encountered no excessive irritation from the atropia, and hence simply suggest this remedy for trial.

As regards the direct benefit over the iritis, by controlling the calibre of the anterior ciliary arteries, I am not certain but that some benefit may accrue by the use of the yellow oxide, or some other remedy that will diminish the size of these vessels.

Death from Swallowing False Teeth.

The following curious case is reported by J. H. Gardiner, M.D., in the *Canada Journal of Medical Science*, March, 1881:—

On Jan. 20th, 1881, Mrs. B., *æt.* 33, was supping some soup, when a plate and two false teeth attached became loosened and slipped down her throat. Violent retching followed, lasting for several hours, but was finally allayed, whether from the stomach becoming accustomed to the foreign body, or from bismuth freely administered, I do not know. A dull, heavy pain was complained of over epigastrium and in the back over region of stomach, which remained until death. The retching at times recurred, but only slightly. A difficulty in swallowing was complained of, even liquids causing pain. I ordered her to remain in bed, and to take bread and milk, corn starch, or any fluid or mucilaginous food. My instructions were not followed; but the patient persisted in being around and doing her usual "housework." Just one week after the accident happened the patient was seized with violent hæmatemesis, accompanied with purging. Dr. Charles Moore, Sr., saw the case with me, and we agreed as to the cause of the hemorrhage, viz., the severing of one of the arteries of the stomach. Ergotin was used hypodermically in eight grain doses every three hours. All efforts of treatment by the mouth only aggravated the symptoms. The vomiting soon ceased, but the purging continued until the end; and seventeen hours after the appearance of the first urgent symptoms the patient died. In the absence of an autopsy, I can only say that I think the accident was caused by a sharp angle of the plate, which was broken previously, being caught in a fold of the stomach near the cardiac orifice, and this had severed one of the arteries of the stomach.

The Relation of Brain Substance to Mental Power.

In the *Canada Journal of Medicine*, March, 1881, Dr. Daniel Clark collects a large number of instances where, after most severe lesions of the brain, little or no motor impairment followed. The inference he draws is as follows:—

These examples might be indefinitely extended. Medical literature is full of evidences of destruction to the brain matter of the cerebrum and cerebellum, without any serious impairment of mental power or physical functions. Let a brain be taken, and wires passed through it to indicate the course of the missiles in these cases I have mentioned, and it will be seen that brain substance has been injured in almost every conceivable direction, yet with no results at all commensurate with the lesions inflicted. If these parts are motor centres, then have we the miraculous phenomena of organic operations without an organ; of varied and distinct functions without a motive power; of uniform results without an efficient cause. Were we even to consider the brain a dual organ, the difficulty would remain, where corresponding sides are simultaneously injured. In all the dual organs of the body we find sudden injury to one is always followed by imperfect work in its fellow, until time is given to allow provision to be made for the extra labor imposed. When we find no impairment in function consequent on destruction of one so-called motor centre, we are led by uniform analogy to doubt a doctrine so anomalous and contradictory. At least, it is better to receive with caution a theory which is being accepted, based upon exceptional examples, which do not account for the physical results, except in isolated cases. The mental effects seen, as consequent upon brain injury, would prove too prolific a theme for present investigation.

The Cold Treatment of Dysentery.

The treatment of dysentery by enemata of ice water is not new in this country, but the recent trial of it by Dr. Mich. elov, of St. Petersburg, as quoted in the *London Medical Record*, is not without interest. He says it has not failed him in a single case for four years. It proved especially successful in the cases of his own children. A short description of two cases follows. Quinine, in the form of Botkin's cholera drops, was administered internally in all cases. (Compound tincture of quinine, Hoffman's anodyne spirit, of each half an ounce; hydrochlorate of quinine, one scruple; dilute hydrochloric acid, half a drachm; tincture of opium, half a drachm; peppermint oil, fifteen drops.) The diet consisted of *bouillon*, milk, and eggs; the drink was cold water and red wine. The enemata were made in the following manner: Ice was crushed to paste; from this mass of ice two glasses were taken for grown-up men for every enema; for children, according to age, beginning with half a glassful, and so on. Water was then added while the ice floated. It was then poured into a glass funnel connected with a long tube. This funnel, fixed on a stand, remained near the sick bed; in other words, the apparatus remained in action until the mass of ice melted and flowed slowly into the

rectum, which process lasted about one or one and a half hours. The enemata were employed every two hours, then every three and four hours; finally, twice or three times daily. The author succeeded in all cases in curing the disease in eight or ten days.

Bronzing of the Skin.

A curious case was presented to the Clinical Society of London, last month, by Dr. R. Crocker. The patient was a sailor, and a native of North Sweden, aged twenty-two, stoutly built, and in good health; and the pigmentation came on after exposure to severe weather eight years ago, attained its full development in a few days, and has not extended or diminished since the first week, though he thinks he is paler at some times than at others. The hands, backs of the forearms, legs below the knee, and mucous membrane, are unaffected, but all the rest of the body is darker. The pigmentation had no sharp line of demarcation on the limbs and face, shading off to the normal. The general line was a yellowish brown, but the neck, axillæ, nipples, umbilicus, penis and scrotum, were black. The abdomen, bend of elbow, and interscapular region were somewhat darker than the general line; while the face and limbs generally were paler. On the face the forehead was most affected. On the neck and axillæ were closely aggregated papillary growths, about one eighth of an inch long, and the natural lines of the skin everywhere were deepened. Repeated alkaline baths and friction had no effect upon the discoloration. Microscopical examination of the skin of the abdomen showed the pigment to be deposited in the deepest cells of the rete, though pigment granules were to be seen both in the layers and in and about the papillary vessels of the corium. The corneous layer encroached upon the interpapillary part of the rete mucosum, so that that part formed a narrow layer of uniform thickness moulded upon the papillæ; these were elongated apparently by the protrusion downward of the interpapillary processes. The papillary growths upon the neck consisted of an outgrowth of the papillary layer of the corium, involving several elongated papillæ. The pigment was in the same position as elsewhere, but there was no alteration in the arrangement of the epidermic layers. Dr. Crocker was unable to offer any satisfactory explanation of the pathology of this condition, but negatived the idea of its being due to phtheiriasis.

Water Diet in Typhoid Fever.

M. Luton, of Rheims, in the *Jour. de Thérapeutique*, quoted in the *London Medical Record*, gives an account of the manner in which, since 1863, he has been in the habit of using water diet in the treatment of typhoid fever. It is understood that the disease should be taken at its commencement, the diagnosis being well and thoroughly made out. Generally, the patient has been purged and the bowels are acting fairly. The patient is then submitted to a strict diet; the only drink he takes is water, well filtered, if necessary, cooled with ice; and of this he may

drink as much as he likes. At first the patient drinks the water with avidity, then in moderation, and finally with a certain satiety. Sometimes it is vomited at first, but is soon tolerated by the stomach. Under its influence the motions are at first more abundant, then they become more moderate and less fetid, and finally cease, to give place to constipation, which, however, is efficiently combated by injections of cold water only. M. Luton holds that the appearance of the cutaneous red spots marks the culminating point of the disease, after which the period of decrudescence and remission commences. Alimentation may then be commenced, light and careful feeding, composed of milk, especially ass's or mare's milk, or cow's milk diluted with water, if the two former kinds are not to be had; then the rest of the diet of the same character, according to the capability of the patient. According to M. Luton, the synthetic treatment of typhoid fever may be summarized as follows: 1. To furnish to the physiological vaporization, which regulates the temperature of the body, a sufficient amount of material, viz., water. 2. By the dearth of ternary aliments, and generally by a spare diet, to hinder septic fermentations. 3. To induce as far as possible a special antiseptic action, which helps in the purification of the infected economy, and removes the unfavorable chances of an evolution abandoned to its free course. 4. To destroy the germ.

Olive Oil in Gall Stones.

Further evidence of the value of large doses of olive oil as a solvent in gall stones is adduced by Dr. Kennedy, in the *Canada Lancet*, March, 1881. He writes:—

I have already said that should the theory of the separation of the solid from the fluid parts of the oil prove to be the true way of accounting for the formation of the fatty concretions, in that case it is fair to hold that the calculi were not partially, but wholly dissolved. What are the grounds? Undoubted relief was obtained from the symptoms of the presence of gall stones, and the periodical suffering, which in some cases had been of several years' standing, disappeared. Olive oil, the agent employed, is probably the most effective and rapid solvent of cholesterine of any which have hitherto been tried.

As to the *modus operandi* of the agent, let it be considered for a moment how the calculi have in the first instance been formed. Cholesterine, we will say, exists in the blood, and in the liver normally in a fluid state, but in minute quantity. In certain abnormal conditions it is formed in excess, and when so formed it tends to become solid and attach itself to floating shreds of inspissated gall or mucus. The process of the formation of a gall stone has commenced, and layer upon layer of cholesterine being deposited, a gall stone is the result. The reverse of this procedure must take place when a calculus becomes dissolved. If an excess of a material which has the property of dissolving cholesterine be now formed in the blood, and through it into the liver, we have the necessary condition for producing this result. Oleine, if it be so assimilated, furnishes

the required condition. That the result does take place in a given instance, can only be arrived at by the subsequent history of the case.

Herpes Gestationis.

At a recent meeting of the Dublin Obstetrical Society, Dr. Walter Smith communicated a paper on this subject, and read the details of a case which had come under his care in June, 1880. Mrs. F., a fisherman's wife, aged 35, who had been married for thirteen years, and had been pregnant nine times, having had two miscarriages, the remaining seven being full-time pregnancies, stated that, five years previously, when six months pregnant of her third child, a rash similar to that for which she now sought advice had made its appearance, commencing at the umbilicus, and continued until two months after delivery, when it gradually subsided, uninfluenced apparently by medical treatment. From that time until October, 1879, when three months pregnant of her seventh child, she was free from skin disease of any kind. At that time an eruption, answering exactly to her description of the former one, appeared around the umbilicus, commencing as a cluster of small vesicles, which rapidly extended over the legs, arms and chin. Within a week after parturition the disease evinced a marked increase of activity, and spread over the abdomen and chest; some large bullæ also formed, as large as a sixpenny piece, containing clear alkaline fluid. The affection gradually decreased after that until a few weeks ago, when she had a relapse. The eruption did not at any time simulate eczema, but looked in many particulars like herpes zoster; but it followed no regular nerve distribution. The scars left by patches which had healed were pigmented. The case Dr. Smith considered interesting, from its great rarity, only about fifteen cases having been placed on record since the year 1840, when it seems first to have been recognized as a distinct affection.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—In the April number of the *Penn Monthly*, Dr. Thomas S. Sozinsky has a closely argued article going to show that mortality statistics do not reflect the local sanitary condition of the place from which they are drawn, "and that it is simply absurd to compare aggregate death rates of different places." His reasoning on this subject merits the attention of statisticians.

—Dr. W. G. A. Bonwill, of Philadelphia, in a reprint from the *Scientific American*, gives a full account of the analgesic method of rapid breathing, to which his name is sometimes applied. Those who would become acquainted with this plan in its practical applications, would do well to secure a copy of this little pam-

phlet from the publication office of the *Scientific American*, New York city.

BOOK NOTICES.

Lectures on Diseases of the Nervous System; Especially in Women. By S. Weir Mitchell, M.D., etc. Philadelphia: H. C. Lea's Son & Co. 1881. Cloth, 8vo, pp. 238.

This volume consists of thirteen lectures, dealing chiefly with some of the rarer forms of nervous maladies, and drawn from the author's original observations and investigations. Some of these subjects are as follows: hysterical paralysis and paresis, hysterical aphonia, disorders of sleep and of the gastro-intestinal and respiratory functions in hysterical persons, the mimicry of disease in the hysterical state, unusual spasmodic affections, chorea of childhood and habit chorea, etc. The last chapter is upon the treatment of obstinate cases of nervous exhaustion and hysteria by seclusion, rest, massage, electricity and full feeding. The author here gives the result of his further observations on the employment of the measures he formerly recommended, in his remarkable work on "Fat and Blood, and How to Make Them."

It is needless to say that these lectures are extraordinarily rich in acute observation and sound instruction. The reputation of the author is a guarantee of that, and no reader will be disappointed. Nor can too much be said in praise of the admirable style in which the themes are presented. Dr. Mitchell is a literateur of celebrity outside of his medical writings, and each of these lectures reads with the finished grace of a polished essay.

The lecture on chorea of childhood probably embodies the most interesting original studies. It is illustrated by fine plates, showing its seasonal and meteorological relations. The question in reference to race liability is discussed from the reports of over two hundred physicians in different parts of the South.

In the chapters on the mimicry of disease a number of those extraordinary cases are recorded in which intelligent and conscientious persons voluntarily or involuntarily take the greatest pains to deceive their families, friends, and physicians, by the simulation of strange, diseased conditions. As a study, both in psychology and medicine, these chapters are most instructive. Indeed, the book throughout is so fascinating a one that it could not fail to be read entire by every one who begins its pages.

A Manual of the Practice of Medicine. By Henry C. Moir, M.D. 8vo., cloth. pp. 455. Published by the author, 211 East 31st street, New York. Price \$2.50.

The author states his object in the preparation of the present work to have been "to present to the student of medicine and the general practitioner, who have not the time to read a large number of pages of an exhaustive treatise in order to obtain a single point which may appear to them of value, a work wherein the morbid anatomy, etiology, symptoms and treatment are arranged in such a manner that, in a few minutes, a disease can be reviewed. Further, this volume is of such a size that it can be carried, without inconvenience, in the breast-coat pocket, thus being especially valuable to the busy practitioner."

The third part contains tables of the symptoms of disease possessing a special diagnostic value and their causes, which the author believes are not to be found in the same classified and compact form in any book that has yet been published.

It further embodies the substance of a course given by a successful instructor to his students, in their preparation for competitive medical examinations.

At the end of the volume there are about four hundred prescriptions, arranged in alphabetical order, according to their therapeutical uses, which have been obtained from prominent members of the profession.

Such a work appears to us to have value for students. But we do not think that the general practitioner who has any proper knowledge of his profession will find it a very useful volume; though by its arrangement it may recall to his mind, here and there, features of disease which he may have overlooked or forgotten.

A Treatise on Bright's Disease and Diabetes, with Special Reference to Pathology and Therapeutics. By James Tyson, A.M., M.D., etc. Illustrated. Philadelphia: Lindsay & Blakiston. Cloth, 8vo., pp. 312. Price \$3.50.

This volume is the outcome of some fifteen years' special study and observation in the class of diseases of which it treats, and it will be found to be a very well prepared monograph. The writer begins with a section on the structure of the kidney, gives the tests for albumen, discusses the source and mechanism of albuminuria, examines the various classifications which have been proposed for Bright's disease, and proceeds to describe its forms under the name of acute and chronic parenchymatous nephritis, lardaceous disease, interstitial nephritis and cyanotic in-

duration. A valuable chapter on retinitis in Bright's disease is contributed by Dr. William F. Norris, professor of ophthalmology in the University of Pennsylvania.

The last two sections, about eighty pages, are taken up with diabetes mellitus and insipidus.

The author gives a great deal of attention to the therapeutics of these diseases, and his words recommend themselves as sound and practical. His directions are clear and minute. The pages are well illustrated with wood-cuts and two colored lithographs representing the waxy casts and intraocular lipæmia.

On the Antagonism Between Medicines and Between Remedies and Diseases. By Roberts Bartholow, M.D., LL.D., etc. New York: D. Appleton & Co. 1 vol., 8vo, pp. 122, cloth. Price \$1.25.

These are the Cartwright lectures for 1880, and the book is in fact a reprint from the *New York Medical Journal*, in which periodical they appeared a few months ago. Those who believe in the doctrine of Antagonism will find an ardent advocate of their views in this writer, and one who pushes his faith in it as far as they will desire. Not much attention is paid to those who object to the theory; they are set down as deceived by 'sources of fallacy' of various kinds. The extremely acute criticisms of the theory of antagonism, by Professor Gubler, are not satisfactorily answered to our mind. Nevertheless, there are many excellent observations and valuable suggestions presented which will repay the reader, even if he closes the volume convinced that the doctrine itself, regarded as a basis of therapeutics, is not merely a fallacious but actually a dangerous one.

Anatomical Plates Arranged as a Companion Volume for "The Essentials of Anatomy," and for all works upon Descriptive Anatomy, etc. By Ambrose L. Ranney, A.M., M.D. New York: G. P. Putnam's Sons, 1881. Cloth. Small 4to. Price \$3.00. For sale by P. Blakiston.

This anatomical atlas is largely a reproduction of that of Prof. Masse, of Paris. It contains in all 124 plates engraved on stone, and generally clearly and accurately done. Opposite each plate is a page of text, giving a brief description of the section represented. Various diagrams are added by the American editor, to bring out more clearly the relations of the parts. Numbers are used instead of names, to designate the particular parts represented. The size of the atlas, being small quarto, is a decided point in its favor, and one that renders it at once more convenient to study and also much cheaper to pur-

chase. The price at which the present atlas has been put is certainly very reasonable indeed, for the character and extent of the work.

How We Fed the Baby, to Make Her Healthy and Happy; with health hints. By C. E. Page, M.D. 144 pages. Paper, 50 cents; cloth, 75 cents. New York: Fowler & Wells, 753 Broadway. For sale by J. B. Lippincott & Co.

The theory which this book is written to establish is, that "the chief cause of infant mortality is excessive feeding" (p. 28). It is often enough, says the author, for a baby to take the breast thrice in twenty-four hours. To feed it more frequently is to impair its digestion and to lead to imperfect nutrition with all its attendant dangers. The example of the author's own child is adduced as proof of the success of the method he recommends.

What Every Mother Should Know. By Edward Ellis, M.D., etc. Philadelphia: Presley Blakiston. 8vo, pp. 132, cloth, 75 cts.

Dr. Ellis is well known as a writer on diseases of children, his popular manual on that subject having gone through several editions both in England and America.

The suggestion was made to him that he should prepare a work in a popular form embodying the hygiene of infant life, and as much of the treatment of infantile diseases as the average intelligent mother may be supposed to comprehend. This he has done by expanding some of the chapters in his treatise, and throwing the material into a more popular form. His effort appears to us to have been a successful one, and all the usual points in such manuals are included. There are perhaps too many prescriptions given, some of by no means of inert character, the indiscriminate employment of which might be injurious.

The Diet Cure: An Essay on the Relation of Food and Drink to Health, Disease and Cure. By T. L. Nichols, M.D. New York: M. L. Holbrook & Co. Cloth, 8vo. pp. 88.

We can say little in favor of this book. It is the outcome of a hobbyism in dietetics, prepared by an English hydropathist, who adds his advertisement to his text. Though not an out-and-out vegetarian, he leans strongly that way, proclaiming that "fruit is the proper food for man." Disease he defines as "an effort of nature to cast out of the body some impurity, or poison." Again, "people who live as they ought, never need medicine." These phrases sufficiently stamp the general character of the work. It is not an exponent of science, but of prejudice.

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EXPLANATIONS OF MESMERIC PHENOMENA.

The revival of Mesmerism—to call it by its old name—in Germany, during the last year or two, has led to a swarm of articles and pamphlets on it of a more or less scientific character. What is wanted is a satisfactory explanation of the phenomena in accordance with the great advance of science since the days that MESMER so befogged the audiences of his day with his exhibitions.

It will be remembered that this famous charlatan first applied to the phenomenon in question the term of "Animal Magnetism," and explained it as "a mutual influence between the celestial bodies, the earth, and animated beings." His claims were considerably dashed in 1784, by the report of the committee appointed by the medical faculty of Paris, of which our own Benjamin Franklin was a distinguished member, which stated with definiteness that "there is no proof of an animal magnetic fluid; that having no existence, it is consequently without utility (!); and that the observed effects are due to the excitement of the imagination, and to that sort of mechanical imitation which leads us to repeat anything which produces an impression upon our senses."

The later committees appointed by the Paris Academy of Medicine in 1825 and 1837 were somewhat at variance, the former rather conceding the new force claimed, the latter stating that the experiments made were "certainly not in favor of the doctrine of animal magnetism."

It is unnecessary to refer to the writings of Mr. BRAID, who, about 1840, introduced the term "hypnotism," and offered a subjective explanation of the phenomena; and still less is it worth while to quote the vagaries of the clairvoyants and spiritualists, who so heartily embraced the magnetic theories.

Of late German explanations we may begin by bringing forward that of Dr. BERGER, of Breslau. He goes back directly to the report of the committee of 1784, as being nearer the truth in their explanation than any since offered. He attributes the main and decisive influence to the psychological factor of the attention and expectation being fixed upon a definite object or oc-

currence. The moment that the subject can withdraw his mind from the various manipulations, etc., and think of something wholly different, "the magnetizer" loses all his power. This is illustrated by the fact that in very young children, in the insane, and in those unconscious of the magnetizer's efforts, no such effects are produced. This writer does not deny that the effects are very decided in appropriate subjects; and he goes so far as to say, "The mental treatment of numerous cases of nervous disease has entered into a new career through the introduction of the hypnotic procedures; and they well deserve to be reduced to a method of therapeutics."

Another interpreter of the physiology of these phenomena is Dr. G. L. SCHNEIDER, of Leipzig. He has given especial study to the psychological processes. All voluntary action, he premises, rests on the gradual establishment of appropriate relations between an act of knowledge and an effort. These relations must exist before motion is produced. In the lower animals these relations are so inherited that as soon as a sensation is felt the effort and motion at once follow. So in hypnotized persons the consciousness is concentrated on one subject, and hence depressed in power. The motions are performed without full consciousness, and effort follows the impression without any clear knowledge of the relations between the two. This limitation of consciousness is brought about by fixing the mind for a considerable time on one impression, looking at a glass button, for example, or watching the magnetizer repeat monotonous motions.

Entirely reasonable action takes place only when the concentration of consciousness is manifold, that is, when it takes into account sensations, perceptions and ideas, and combines each in accordance with their respective values as instigators of motion; less reasonable action considers only one or the other of these, and allows it to control and direct effort. Persons in the hypnotic condition are thus governed by the one sensation on which their minds are fixed, and thus allow the other powers to lie

dormant, their actions to be guided by the one predominant impression. Hence, all mesmeric appearances may, in psychological terms, be explained by one expression, and that is the abnormally limited concentration of the consciousness.

Such is SCHNEIDER's theory; and it seems to be a satisfactory and philosophical explanation of the psychological phase of the phenomena.

QUESTIONS RELATING TO TYPHOID FEVER.

An eminent naturalist has asserted that in the development of the commonest weed all the great laws of biology are exemplified; not less true is it to say that the processes of any disease illustrate the pathological phenomena common to all. There is no necessity to wait for rare cases and extraordinary examples in order to pursue researches; maladies that are daily under observation offer a sufficiently great number of points for study.

Take one so prevalent as typhoid fever; how many questions of great interest concerning it are still unsolved! How does it arise? Is it contagious? Does the poison remain in the excreta mainly, or only? Has it a definite anatomical lesion? If it has, in what relation does this stand to the development of symptoms?

These are but a few of the inquiries which may be put about it, and how discrepant are the prevailing opinions about any one of them is obvious from the recent literature of the subject.

For example, on the presence and significance of the intestinal lesion we have the ablest observers at issue. The late Dr. Murchison, in his classical treatise on the "Continued Fevers of Great Britain," described "the specific lesions" of enteric fever, "which," he said, "*are invariably present*, and which consist in a disease of the agminated and solitary glands of the ileum." He added: "The morbid appearances presented by the agminated and solitary glands of the ileum are *constant in*, and peculiar to, enteric fever. '*Il faut*,' says LOUIS, '*non seulement la considérer comme propre à l'affection typhoïde, mais comme en formant la carac-*

rière anatomique, ainsi que les tubercules forment celui de la phthisie.'"

When such eminent authorities as Dr. MURCHISON and Prof. LOUIS have thrown the weight of their opinions into the scale in favor of the view that the intestinal lesions of enteric fever are *invariably* present, one might hesitate to dispute the point. At the present day, however, it is almost universally conceded that enteric fever is an essential disease, its secondary intestinal lesions standing to it in the same relation as the rash and sore throat of scarlatina do to that disease. It would, therefore, seem only rational to conclude that cases of enteric fever may occasionally occur in which there is no disease of Peyer's patches and the solitary glands of the ileum.

Such cases have been reported, and basing their views on them, not less eminent authorities have denied any inevitable relation between the symptoms and the lesion. Thus Dr. STOKES, in his "Lectures on Fever," insists "that no form of fever has any special anatomical change, and that where such does take place it is of a secondary character. The lesions of the abdominal organs in fever are—not the cause—but the result of the essential disease." The same learned physician writes: "looking at fever in a wide sense, we may safely hold that these secondary anatomical changes are inconstant in their amount, in their nature, and even in their seat; inconstant as to their time of appearance, their symptoms, their intensity, and their decadence; and utterly incompetent to explain the phenomena of the disease."

To similar effect writes Prof. GUBLER, in his "Principles of Therapeutics."

Another question is the *contagiousness* of this fever. There is no doubt but that the drift of opinion has been, of late, in favor of the theory that it is positively and actively contagious. The matter has been actively discussed in the English medical journals during the last twelve months, and so many cases have been cited going to show this side of the case that it is impossible to deny their cogency. One of the medical officers of health, Dr. W. S. THOMSON,

who has written considerably on the topic, maintains, moreover, that there is no proof that the semina of infection reside solely in the intestinal excreta. Typhoid fever, he claims, spreads by contagion, like other zymotic diseases, being transmitted into the body by inhalation into the lungs, by being swallowed with the drink or food, or by dust. The poison may not be so volatile as that of scarlet fever, and therefore requires a carrier or vehicle (currents of air are sufficient); and, when the patient is susceptible, it proves a highly contagious poison. The means to be employed to prevent its spread should be promptly and rigidly carried out. They consist of immediate isolation; thorough disinfection of excreta; procuring pure water; thorough disinfection of clothing by hot air at a temperature of 300°, or their destruction by fire; preventing children from going to school or other public resorts from an infected house without thorough disinfection, and not until it has been ascertained that the child is free from infection. There is risk in any susceptible person visiting the infected house. As rigid precautions should be employed as in cases of scarlet fever, substituting the disinfection of the discharges on their very issue from the body for the oiling of the skin, to prevent the spread of scarlet fever from the surface of the body. The practice of admitting typhoid fever patients into the wards of general hospitals is to be condemned. Nurses should be selected from those who are protected by a previous attack.

The vast practical importance of these views cannot be overlooked. The extension of a disease so common and so serious as typhoid is greatly to be deplored, and if it can be materially lessened by the adoption of such precautions, there should be no delay in making the fact known, not only to the profession, but to nurses and the public generally.

On the other hand, such an assertion as the above, as to the contagiousness of typhoid, is contrary to the generally received opinion, and would do great harm if, being an error, it were accepted as true. Hence, while such statements ought to be diligently canvassed by the profession, they should not receive hasty publicity.

NOTES AND COMMENTS.

German vs. French Mineral Waters in Obesity.

The *Progrès Médical* observes that up to within a few years past the German Mineral Springs of Kissingen, Ems, and Marienbad had a world-wide reputation for the cure of polysarcia. As it were, they held a monopoly over obesity.

In 1874, Prof. Gubler, in a spirit of enlightened patriotism, spoke of the advantages which would accrue to the French Spas could a diversion in their favor be made among adipose patients—a numerous and wealthy class—whose patronage was then the exclusive privilege of the foreign watering stations. This wish has now been realized. Mr. Philbert, a sufferer from obesity, and who had followed the German reductive treatment, turned his attention to discovering, in France, a spring from which he and his fellow sufferers could obtain relief. He selected Brides, and has settled there.

His method of treating obesity rests on: 1st. Purgative effects; 2d. Sudation; 3d. Diet, and 4th. Physical exercise.

The evacuants he prefers are saline cathartics; hence the waters of Brides, which contain sulphates and chlorides of sodium and magnesia, could not be excelled. In doses of from three to four glasses on an empty stomach, in the morning, as many operations are obtained, without being attended by gripes or general debilitating effects. After two or three days diarrhoea sets in.

Sudation is brought on in a large and well-lighted vapor bath, which contains a spray douche. A sitting of forty minutes causes the patient to lose from 600 to 800 grams of his total weight, and this loss may be increased by means of frictions on the skin with a soap ointment.

At Marienbad great frugality is observed. But at Brides Mr. Philbert does not attach as much importance to the quantity as to the quality of food used by his patients. The diet consists in strict abstinence from everything that contains flour, starch, or sugar. Walking and fencing give exercise to the muscles. At first, the plethoric patient experiences great difficulty in taking long walks; but he soon becomes accustomed to this new mode of living, and by the time he leaves Brides the exercise has become a pleasure.

It is now some five or six years since Mr. Philbert has settled in this thermal station; he has had under his care a great many sufferers from polysarcia, and all have derived much

benefit from his treatment. After a month's stay, the over corpulent lose, on an average, from twelve to thirty pounds in weight.

The only counter indications to which he calls attention are, either lesions of the heart, of the large vessels, or of the lungs.

Varices During Pregnancy.

The *Concours Médical* publishes an article on the above subject, from which we extract the following suggestions as to treatment: When varices appear as a complication of pregnancy all fatigue should be avoided, especially that resulting from prolonged standing. Women should carefully avoid all compression of the body that can interfere with free circulation of the blood. Œdema is to be opposed by keeping the limb in a horizontal position. This will also be found of service in inflammation of the veins. In case of hemorrhage the limb must be elevated still higher.

Compression is the most general mode of treatment. It is recommended by the majority of physicians, notwithstanding the fact that accidents, of rare occurrence it is true, have been attributed to this method.

For phlebitis, rest is of prime necessity. The limb should be kept in an elevated position, and poultices applied.

In cases of varices of the vulva or vagina, during pregnancy, it is prudent, as a *preventive treatment*, to discourage sexual intercourse, and recommend rest. At the time of delivery, if the veins exhibit too much turgescence, chloroform may be used so as to reduce the expulsive efforts. Notwithstanding these precautions, should hemorrhage set in, local digital compression is to be resorted to. This is tiresome, but it is the readiest method. Should it, however, fail, we must then have recourse to a tampon. But if labor is advanced, and the uterine orifice dilated, the best plan is to effect rapid delivery, and then resort to local compression.

Germes of Malignant Charbon.

In a recent note to the Academy of Sciences, of Paris (*Comptes Rendus*, No. 5, 1881), M. Pasteur states that there is a farm near Senlis, where many sheep annually perish of malignant charbon. These sheep have been interred in a walled garden; in one part none have been placed for twelve years. About two ounces of the surface earth was taken from this part; it was well washed and guinea pigs inoculated

with the smallest particles; the animals rapidly perished of malignant charbon.

Then at the farm seven sheep were each afternoon placed in this part of the garden; as there was no grass the sheep were fed at the stable, with the rest of the flock; notwithstanding this, two of the sheep soon perished of charbon, while the five others and the rest of the flock did not suffer.

Thus two sheep perished through the habit they have of turning over the earth, and yet no diseased animal had been interred in the spot for twelve years.

In this part of the garden were grown some of the vegetables used on the farm, and but one of the farm people suffered; he had been attacked by malignant pustule, which had not proven fatal.

These facts would seem to prove that vegetable combustion and assimilation do not destroy the germs of certain microscopic organisms which may be contained in manure or in the carcasses of dead animals.

Albuminate of Iron in Amenorrhœa.

M. Jugand reports the following case in *Le Progrès Méd.*, No. 12, 1881. Mme. L., aged thirty-five, presenting all the symptoms of chloro-anæmia, said that her health was generally good, appetite fair, her family antecedents were excellent. At the age of seventeen a few drops of blood appeared, but since that period there has been no menstrual flow. She was married when twenty-two years of age, and has each month the pains of uterine congestion in the back, in the abdomen over the ovaries, with a sensation of weight in the same parts.

Wishing very much to become pregnant, she consulted many physicians, and took every form of emmenagogue in connection with the local treatment, sitting baths, cold douches, injections, etc., all without result. Then for two years she took insoluble iron pills, inducing only digestive troubles. M. Jugand found nothing abnormal in his examination of the uterus, and advised the patient to suspend all treatment for one month, taking care to recommend a proper diet during this period. Shortly after, as there was some diarrhœa, albuminous water was prescribed, and at the same time syrup of the citrate of iron was given; it was well supported by the patient, and after six weeks a few drops of blood appeared. Noticing the coincidence, albuminate of iron (Lapradès preparation), was administered; during the four following months

the menses appeared regularly, the fifth month they were wanting; the patient had become enceinte.

Aconite in Fevers.

The use of aconite in remittent fever is commended by Dr. G. Bomford, of Calcutta, in the *Practitioner*, March, 1881. He also speaks of it in typhoid fever, saying:—

I have often given aconite, sometimes for days together, to typhoid-fever patients, with a view to cleaning the tongue and inducing sleep. If pushed, it will reduce the temperature, but only temporarily. The fall of temperature, sometimes very remarkable, is not always accompanied by profuse sweating; and it cannot, I think, be explained, on the "heat loss" theory, as being the result of evaporation of the sweat merely. In many cases I have noticed a slight rise of temperature preceding the fall, which corresponds with Dr. Mackenzie's observations on rabbits.

There is no doubt that aconite acts most usefully when given in frequent small doses, but this cannot be explained by the supposition that it is rapidly eliminated, for marked toxic symptoms may occur many hours after the last dose. In all my cases, with one exception, the pulse has been improved in strength, as well as reduced in rapidity. The exception was a case of typhoid in a man who had suffered from a weak, irregular pulse for many years. The aconite seemed to increase this condition of the pulse, and was consequently stopped.

The Relation of Brain Structure to Intelligence.

There is plainly to be noticed a growing doubt among the most competent biologists as to there being any fixed relation between brain structure and mental function. That pet theory of a few years back is not now tenable. There is a *tertium quid* in the evolution and action of intelligence which we cannot yet put our finger on. An example in point may be mentioned, from a recent lecture of Prof. Calderwood, of Glasgow. Speaking of insects, he quoted Sir John Lubbock with reference to their position in the order of development. Sir John said that, though the anthropoid apes ranked next to man in bodily structure, ants claimed that place in the scale of intelligence. Once he had watched an ant working, and it worked from six in the morning to ten at night without intermission, carrying one hundred and eighty-seven larvae to its nest. Professor Calderwood said that it be-

SPECIAL REPORTS.

NO. X.—GONORRHOEA.

(Concluded from page 490.)

Abscesses.

Last year, GUIARD, in the *Gazette des Hôpitaux*, No. 20, urged that phlegmonous abscess is much more common in gonorrhœa than is usually supposed. Méry's glands, Cowper's glands and the prostate gland are all liable to become involved. The acute inflammatory condition of Cowper's glands passes rapidly to the formation of abscesses, and must be treated by early incision. Generally, there is little constitutional disturbance. The diagnosis of this abscess depends on—

1. The inflammatory swelling is close to the bulbous urethra.
2. It is limited to the location of Cowper's glands.
3. It has no connection with the urethra.

Gonorrhœal Ophthalmia.

In a paper read at the last annual meeting of the British Medical Association (*British Medical Journal*, November 13, 1880), Mr. BADER recommends the following plan of treatment, which he has employed with success, both in adults and children suffering from gonorrhœal ophthalmia, as well as in infants with purulent ophthalmia. An ointment containing one grain of red oxide of mercury, and one-fifth of a grain of sulphate of atropia to a drachm of vaseline having been prepared, the patient lies down, and if he be restless an anæsthetic may be given. The eye is first well cleansed with tepid water, and then the ointment is to be pushed freely beneath the upper and lower lids with a soft camel's hair brush, so as to cover the whole conjunctiva. The dressing is to be repeated daily at 9, 12, and 4 o'clock, until the eyelids open freely; afterward, once a day till the discharge ceases. The ointment is to be applied by the medical attendant himself. If the disease be recognized at the onset, only a few days' treatment will be necessary. The sound eye is to be kept bound up with lint, thickly smeared with the ointment.

In the *Recueil d'Ophthalmologie*, November, 1880, Dr. MENGIN records a case of gonorrhœal iritis occurring in a rheumatic subject. The patient, aged 28, had a strumous history. He contracted gonorrhœa, and subsequently purulent ophthalmia, which destroyed the left eye; severe gonorrhœal rheumatism next followed, and this was succeeded, eight weeks after the first appearance of the rheumatic symptoms, by a typical

iritis, which yielded to energetic treatment. The author, in such cases, insists on the importance of local depletion, and of strong solutions of atropine. In this case six leeches were applied round the orbit, and a ten per cent. solution of atropine instilled five times in the first half hour, and subsequently three times, the patient having been previously cautioned not to swallow his saliva during the instillations. A grain and a half of calomel was also administered daily during ten days.

Methods of Treatment.

Dr. W. WATSON CHEYNE's method of treating gonorrhœa by medicated antiseptic bougies attracted considerable attention last year, and though already pretty generally known, may here be described, as given in the *British Medical Journal*, July 24th, 1880. His bougies have the diameter of a No. 9 or 10 catheter. His formula is—

R. Iodoformi, gr.v
Olei eucalypti, gtt.x. M.

In a bougie of grs. xl.

The specific element of the disease having been eliminated by this means, antiseptic injections are employed in addition, for the purpose of preventing the discharge from becoming septic and irritating. A saturated solution of boracic acid in water, or an emulsion of eucalyptus oil (one ounce of eucalyptus oil, one ounce of gum acacia, water to forty or twenty ounces), to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. The usual precaution of rest, diluent drinks, etc., must be employed.

In using the bougies, the patient is first told to empty his bladder, partly to clear out his urethra, partly to prevent the necessity of expelling the antiseptic from the canal for several hours. He then lies down on his back, and a bougie from four to six inches long is introduced, and the orifice of the urethra is closed by strapping. The bougie ought to be dipped in eucalyptus oil or in carbolic oil (one to twenty) before insertion. The patient is instructed to refrain from passing water, if possible, for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. In the evening, or on the following day, he commences the antiseptic injection, which he uses four or five times daily. On the third or fourth day, when the symptoms have entirely subsided, an injection of sulphate of zinc, two grains to

the ounce, is begun. For a day or two the purulent discharge continues, but afterwards it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days. At the same time the scalding and pain and the symptoms of inflammation rapidly diminish, and disappear completely in about thirty-six to forty-eight hours.

Continuous irrigation of the urethra has been tried with good results, by Dr. VAJDA, by means of a perforated catheter of soft rubber and a rubber water holder, described in *Schmidt's Jahrbücher*, Bd. 188, No. 11. He claims better results from this arrangement than from other means he has tried.

The *sulpho-carbolate of zinc* has been extolled by Dr. W. T. PARKER, of Mass., as an injection in gonorrhœa:—

| | | |
|----|----------------------|---------|
| R. | Zinci carbolatis, | 3j |
| | Mucilag. acac., | 3vj |
| | Extract opii aquosi, | 3vj |
| | Aquæ, | 3vj. M. |

Use as injection, night and morning.

Hydrastis still finds advocates. BARTHOLOW recommends a drachm of hydrastia (the alkaloid) to four ounces of mucilage of acacia, and has found no injection so uniformly successful. PHILLIPS prefers an injection made by adding one or two drachms of the tincture to a pint of water, and of this orders a syringe to be injected up the urethra every half-hour for seven or eight hours, and then every six or eight hours for two or three days.

In the *Bull. Gen. de Thérapeutique*, 1880, Dr. PASQUA reports four cases of gonorrhœa in its early stage treated with a chloral solution:—

| | | |
|----|-------------------|-----------|
| R. | Chlorali hydrati, | gr. vj |
| | Aquæ rosæ, | f. 3j. M. |

Two urethral injections daily were used, the fluid being retained a few minutes in the urethra. Improvement began in four or five days, and the discharge ceased in eight or ten days. No unpleasant sequelæ appeared.

Dr. HERBERT L. SNOW publishes (*Brit. Med. Jour.*) the following formula, which, in his hands, has proved of great service, and which is not particularly unpalatable:—

| | | |
|----|--------------------------|-----------|
| R. | Ol. copaibæ, | |
| | Ol. cubebæ, | āā 3ij |
| | Liquor. potassæ, | 3iiss |
| | Tinct. aurantii, | 3iij |
| | Syrupi, | 3ij |
| | Aq. menth. pip., q.s. ad | 3viij. M. |

Sig.—Two tablespoonfuls three times daily.

Granular Urethra.

Dr. ELDRIDGE, of Yokohama, after an operation for stricture of the bulbous urethra, found, by means of the endoscope, a granular condition

of the urethral mucous membrane for about two inches. A gleet discharge was also present. Ergotine (Bonjean's) was applied by means of an ointment syringe, and the patient kept recumbent for an hour afterwards. After six applications on alternate days the gleet had entirely disappeared, and there was no trace of granulations to be discovered.

Ochritis Treated by Topical Applications of Iodoform.

Dr. SABADINI lately communicated to the Medical Society of Constantinople the details of a case of blennorrhagic orchitis successfully treated by him with applications of iodoform.

The patient, a waiter in a hotel, could not give up his occupation for the purpose of undergoing treatment, without fear of losing his place. The swelling of the testicle was very great. Dr. S. determined to treat it by the aid of iodoform, according to the method reported in the *Archives Méd. Belges*, and recommended by Dr. BOURDEAUX, who asserts that by this treatment all acute pains disappear, and the patient is not prevented from attending to his business. Dr. SABADINI therefore prescribed an ointment of four grains of iodoform to forty grains of vaseline, as an application on the tumor. The effects were surprising; pain soon disappeared, the patient was not obliged to give up his situation, although it kept him on his feet all day, and in the space of a week every trace of swelling had disappeared.

Soft Rubber Tubes for Injection.

Dr. W. T. PARKER (*Boston Med. and Surg. Journal*, February), calls attention to the unsatisfactory urethral syringes generally manufactured. He observes:—

The syringes found in the drug stores are usually made of glass or rubber, with very small, pointed nozzles; they are apt to irritate the urethra, and are also objectionable for the following reasons: (1.) It is quite impossible to introduce the nozzle painlessly. (2.) It is difficult to compress the penis tightly about the nozzle without pain. (3.) The injection pours out at either side of the nozzle after introduction, without entering the urethra far enough to be of any value. (4.) The constant use of the hard rubber or glass nozzle is apt to create an ulcerated spot where the point touches the lining of the urethra.

It is evidently important to avoid all these accidents, to treat a case successfully. The cure of many cases is delayed, and the chances for stricture increased, because a good syringe cannot be found. At least, I am sure that such has been the experience in my own practice.

To remove some of the difficulties encountered at present in the treatment of urethral inflammation, and to facilitate the injection of the urethra without pain, Messrs. George Tiemann and Com-

pany, of New York, have made for me some "soft rubber, velvet-eyed tubes, with bulbs, for making the injection painless."

They are about two and a half inches long, of three sizes, the bulbs corresponding with Nos. 13, 15, and 17, Tiemann and Company's American scale. They are made of pure rubber, soft and pliable. The movement to the right or left of the syringe in pressing out the fluid cannot cause pain, because only the rubber tube *beyond* the attachment to the syringe is to be introduced; they are easily introduced painlessly, and compressing the penis about them to retain the injection is also painless. The bulbs have very thin walls. I find these tubes excellent in practice, and very highly appreciated by those who have been tormented with ordinary syringes. They fit easily on the nozzle of almost any syringe. The hard rubber ear syringe, with the ring for self-injecting, I find preferable to all others.

CORRESPONDENCE.

Epidemic Metastatic Paro iditis.

ED. MED. AND SURG. REPORTER:—

In a communication from Dr. Skelley, in the *Medical Record*, of New York, for February 26th ult., the subject of Orchitis following Parotiditis, in relation to its frequency and gravity, is discussed, giving several cases where it resulted neither from exposure to cold nor was anything like the "bugbear" we are generally taught to regard it. As the subject is but little dwelt upon by most of our works on surgery, if at all—several absolutely ignoring the subject, and some regarding it of so rare an occurrence as not likely to come under the treatment of the ordinary physician—a few statements by one who has just passed through an epidemic of this affection may be of interest.

It found its way into our community some time during the month of November last, occurring in an isolated case about eight or ten miles from town, in the person of a young man seventeen or eighteen years of age, hired upon a farm as an ordinary farm laborer. At first the case presented the ordinary features of parotiditis simplex—the right side being affected—with all the symptoms peculiar to the disease. Before the right side had quite run its course, however, the left commenced to swell, and before this had quite subsided, the right testicle, and afterwards the left.

So long as the affection confined itself to the parotids the young man felt no alarm, and merely resorted to the treatment in domestic use. When it seized the testicle, however, it was attributed to cold, and immediately communicated great alarm. As this took place one unusually stormy night, about midnight, my presence was immediately summoned to the bedside by a messenger who came in the greatest haste, breathless and bathed in perspiration. Beyond the scare the patient received, the case was doing well enough at the time, and I could do nothing more than assure him that he would be all right again in the course of a week or two, and advise him to keep the painful testicle suspended in a

bag made for the purpose, containing a warm, soft, bread-and-milk poultice, with the addition of a teaspoonful of laudanum. These poultices were ordered to be continued so long as the swelling remained, and beyond some bismuth powders, for the vomiting consequent upon the transmission of the affection and the painful condition of the testicle, nothing further was done.

The young man having a great many friends in the neighborhood, was the recipient of a great many calls, consolatory upon his peculiar confinement, and it was in this way that the disease spread. In less than a month not only the young man's friends were afflicted in the precise manner, but nearly the whole neighborhood, young and old, male and female; the females suffering from no metastasis, however, to my knowledge. Some families had as many as four or five confined at one time, all the males afflicted in the same manner. In the course of the four months ensuing it had worked its way into town, and is now among us at the present writing.

If this is not *epidemic and contagious*, what is it? Far from being rare, as both Erichsen and Flint would have us believe, it seems to be uncommonly common, notably so with us. Duglison and Hartshorne, of all the writers on the subject, regard it as epidemic and contagious, and the above facts, faithfully and truthfully given, should more than confirm them in their statements.

Assuming, as it undoubtedly does, a form both epidemic and contagious, would it not be well to give it a distinct classification as a disease, and call it metastatic parotiditis? robbing it of its terrors as well.

The epidemic now among us, it may be necessary to state, has been so far an extremely mild one, no deaths having occurred from the disease, either directly or indirectly, although the winter has been an unusually severe one. One instance only has come to my knowledge, where the testicles were not attacked, and that occurred in my own practice, in the person of a brakeman, a young man, nineteen or twenty years of age, whose parents reside here, and who was taken with the epidemic while on a visit to them several weeks ago. An instance also occurred where the ovaries seemed affected, very likely from metastasis, in a young girl, fourteen or fifteen years of age, and in which pressure in their region developed extreme tenderness and pain as well as vomiting. The vomiting, in fact, was a prominent symptom throughout the entire course of the disease. In a great many instances, however, this was also the case in those in whom it attacked the testicles.

Peabody, Kansas. CHAS. H. MILLER, M.D.

Fecal Fistula, from Gunshot Wound.

ED. MED. AND SURG. REPORTER:—

The following case of gunshot wound followed by a fecal fistula of seven weeks' duration, and recovery, occurred in my practice, and may possibly be of sufficient interest to justify publication.

Aug. 15th, 1878, 5 o'clock P.M., I was called to attend John Anderson, a Swede, age 45 years, a raw-boned giant, of superlative vitality. Found him with a gunshot wound in abdomen, one inch below a line drawn from to the right of the umbilicus and three inches from the median line. The ball (a half ounce) had entered in front and passed backward and upward, striking and fracturing the crest of the ilium, lodging under the skin in the back. I saw him in five minutes after the wound was received. I at once ordered him to bed, and after giving him a large dose of brandy, cut the ball out. He was then placed upon his back and morphia, in quarter-grain doses, was given every two hours, with drop doses of aconite. I feared the ascending colon had been wounded, and, of course, thought to find him dead next morning, or that fatal peritonitis had set in. I now give my notes of the case.

Aug. 16th. Deeply narcotized. Bowels quiet. No pain. Pulse 100, temperature 101°. Ordered treatment continued, and no solid food to be given, only milk and strained soup. Evening call found about the same state of affairs.

Aug. 17th. Temperature 102°, pulse 90. Still under the influence of the opium, but continued it. Bowels unmoved. This state continued with but little variation for fourteen days, when, to satisfy the clamor of his friends, more than anything else, I gave him an enema and relieved the lower bowel. This was done at the morning visit. Upon calling in the evening I found fecal matter discharging from the posterior wound, and was confirmed in my diagnosis. It also proved to me that my efforts were rewarded by adhesion of the bowel to the wound of the posterior internal wall of the abdomen; as, if such had not been the case, the matter would have been forced into the peritoneal cavity by peristaltic action, instead of through the narrow opening outward. The anterior orifice had by this time healed entirely. I continued the treatment seven days longer, and relieved the bowels again with an enema. The next day after I had discontinued the morphia a most unexpected complication occurred, whether from the position so long sustained, or from the narcosis produced, a most violent cough, with profuse expectoration of pus, more in resemblance to the sputa of chronic bronchitis than of pneumonia. Comp. syr. of tar was given and the case treated as symptoms arose. The cough lasted but a short time, and at the end of the seventh week he was able to go to his home, three miles from town. No after trouble occurred, except a discharge of the pieces of bone shattered from the ilium, that continued for several months, when it ceased, and the posterior wound healed.

Summing up the case, I will say that wounds of the bowels are seldom recovered from. Rest was the whole aim of the treatment; the position the patient was placed in was for the purpose of bringing the wounded part of the gut in contact with the wounded wall of the abdomen, and hoping adhesion would take place after the peristaltic action of the bowel had been paralyzed by the opium. The aconite was given to subdue any undue inflammation, and the purpose of the liquid diet every one understands.

Three years after the occurrence of the acci-

dent he is a strong, healthy man, able to do the day's work of a farmer, suffering no inconvenience except a "pulling at the small of the back when he makes an extra effort in lifting." No pulmonary trouble has occurred since.

Elizabethtown, Ky. A. W. MORRIS, M.D.

Treatment of Pneumonia.

ED. MED. AND SURG. REPORTER:—

I wish to add my thanks to those already expressed to Dr. Corson for his defence of correct treatment of pneumonia, and express my wonder that the stimulators have so long gone unrebuked. I have been in the practice thirty-seven years; half of that time have been what we call busy; have never lost a case of pneumonia, although I suppose I have had the usual proportion of that disease in my practice. If I get them before disorganization has taken place, especially if I get them during engorgement or congestion, I take pneumonia with as little concern as I do chicken-pox or mild measles. Well, they (the stimulators) may ask how I treat it. I answer, pretty much as Watson directs, and if I must be bound by book directions, I would take Eberle rather than our modern authors. When called to a case, if the patient is able to sit up I have them do so; generally have the feet put in water as hot as they can bear, and let it be the business of some one to keep it so while I bleed from a large orifice until they breathe easier or become faint; generally, both occur about the same time; then have them lie down, rub the feet and wrap them up warm; give a full Dover's powder. They will take a sleep, wake up better, and often need no more medical treatment. If they do I continue the pulv. Doveri, with as much tart. emetic as the stomach will bear. I seldom bleed more than once, but often follow the bleeding by cupping. Mercury is often necessary, especially if the pleura is involved, and many cases do not do well without a blister, when early treatment has been neglected. Dr. Corson speaks of the strange fact that so many of our prominent men die of pneumonia. This reminds me that one of the members of our last Constitutional Convention was arrested by pneumonia on his way home, was treated by the stimulators, and—as I expected—died. I say as I expected, for I expect all to die who are thus treated. Since that, the doctor who had control of the case died (I learn) of pneumonia. As for veratrum and aconite, they are about as good a substitute for the lancet in the hands of the physician as a harrow is for a plow in the hands of the farmer. To discuss the pathology of pneumonia here, or the philosophy of the operation of remedies, would be folly. Every one knows that the blood, if it accumulates in the lungs to a sufficient extent, will kill, either immediately by congestion, or subsequently by inflammation. I am satisfied that I have seen cases threatened with death by congestion entirely relieved by ore full bleeding, with heat to the extremities. Many reasons there are for this opposition to bleeding; some, I suppose, are believing it wrong. I know some who, I believe, quit bleeding because they could not

keep an instrument fit to bleed with, or perform the operation in a decent manner with a good instrument. Some are too lazy. B.
Cardville, Pa.

A Case of Triplets.

ED. MED. AND SURG. REPORTER:—

Was called at 3 A.M., on the ninth inst., to see Mrs. L. R. Her husband told me she was in the seventh month of pregnancy, but had been having some pains and something had passed from her.

Living close by I was soon there, and upon examination found a protrusion of the bag of waters larger than a man's fist, and lying in the protruded bag was the arm of a child. I at once ruptured the sack, found the head descending, and delivered her speedily of the child.

Upon introducing my finger into the vagina I found another head presenting, and soon delivered the mother of a second child. I then placed my hand upon the abdomen, to see if the womb had contracted and to use Crede's method of delivering the placenta, when I found the fundus still high up in the abdomen, and upon introducing my finger again into the vagina I found the foot of a third child presenting itself, which was delivered without any difficulty.

The children were all born alive, but one died about twenty-four hours after delivery, and the second one about forty-eight hours after.

Two were boys and one a girl. They weighed about four and a half pounds each.

The woman's size did not lead her to suspect more than one child, nor did she think she had gone to full term.

She had had six children previously, and never more than one at a time.

There were two placentas united by a membrane, one of which had two cords attached. I ruptured the membranes containing the first and second child. The third child was either in the same bag as the second, or the membrane ruptured of itself.

I believe the ratio of triplets is about one to five thousand births. This is the first case that ever happened in this county.

J. F. FORCE, M.D.

Heron Lake, Minn., April 13th, 1881.

NEWS AND MISCELLANY.

Medical Practice in Southern Africa.

In a recent communication to the Vienna Medical College, Dr. Emil Holub observes that the number of foreign physicians in Southern Africa, which some fifteen years ago was very small, has of late greatly increased; within the last year eighteen doctors, mostly Germans, have settled in that country, which offers a very remunerative field. His advice to the merchants settled there is to encourage their sons in the study of medicine. Both the natives, and the colonists among them, chiefly the Dutch, hold doctors in high esteem, the natives, because they believe them possessed of witchcraft, and the colonists, because they take fright at the least ail-

ment. This influences the rates of fees, and in Capetown half a crown (sixty-two cents), is paid for a call, while in Port Elizabeth the price is five shillings and in the Transvaal six; for a consultation a pound sterling is charged.

There are doctors who, in a short time, have laid by fortunes of from 30,000 to 40,000 florins. In his practice among the negroes, a physician is obliged to observe great prudence, their lack of confidence and superstition continually throwing obstacles in his way. The Betschuans, for example, believe that every case of death is caused by poison; others refuse all medicines which do not produce instant relief. The native doctors are known by different names among the tribes, and their personal influence is very great, even with the King. Their prescriptions are composed of a few medicinal plants, and they work upon the superstition of their patients by a number of magical practices.

Dr. Holub's observations are interesting, chiefly as regards tuberculosis. He has never met with this disease on the table lands of South Africa; and, from experience with a great number of patients, he has found the curative virtues of that climate greatly superior to those of Madeira. He then describes the negro doctors, sorcerers, and nyagas, whose only art consists in knowing the virtues of certain plants. Not long ago, all those magicians were slaughtered, and their chief, King Seppopo, had to run away.

In Reference to Trichinosis.

It is interesting to note the quite different opinions on the prevalence of trichinae, some saying the danger is next to nothing (how do they know it?), and others that it is more grave than we yet imagine. We are ourselves inclined to agree with the editor of *Science*, who says, in a late issue:—

"We have one word of advice to those who would preserve the United States export trade in pork, and that is to admit the existence of Swine Plague, and the increasing contamination of pork by trichinae. This done, it is not difficult to organize such a system of inspection as will satisfy foreign governments that the shipments of pork from this country are such as can be received with safety."

Meanwhile we note that Messrs. Lennis and Duncker, both of Berlin, have published an interesting paper in the *Zeitschrift für Mikroskopische Fleischschau*, on a new parasite with which they have met while performing their official duty. In examining pork for trichinae they discovered a vermicular *diatomea*, imbedded between the muscular fibres, which they describe in the following terms: It is exceedingly thin and transparent, of a grayish color, and of about the size of the cyst-wall of a trichina.

Professor Leuckardt is inclined to consider its presence in the pork as accidental, and believes that it is of little importance to government inspectors of meat in their official work.

Two cases of death occurred in Philadelphia, April 5th and 6th, from trichinosis. After eating from a boiled ham, four persons in a family were taken severely ill, and the two youngest died in four or five days.

The Regulation of the Sale of Patent Medicines.

The effort is making, in various quarters, to limit the sale of patent and proprietary medicines. A bill to this effect was proposed at the past session of the New York Legislature, but apparently did not pass. As a matter of general interest we mention its provisions.

It was in five sections. The first provided that all patent and proprietary medicines should have their exact composition printed upon the exterior of the bottle, box, or package in which they were sold; the second, that three commissioners, the chairman of whom should be the president of the county medical society, should have the power of examining all such medicines, and, if necessary, the process of their manufacture, when, if they found nothing injurious in their ingredients, they should be required to furnish a certificate to that effect; the third provided that such commissioners should receive pay at the rate of ten dollars a day for all time actually spent in the performance of their duties; the fourth provided that certain penalties should be inflicted for infringement of the law; and the fifth, that the act should go into effect immediately.

While some of these provisions are well enough, they are by no means all free from objection.

A Reverend Physiologist Abroad.

The Rev. Joseph Cook has been demonstrating physiology to the Scots. How he does it and what is thought about it may be judged from the following extract from the London *Medical Press and Circular* :—

There is no class of men who are more alive to the evil effects of intemperance than medical men; at the same time, and from that conviction, they must deplore such *ad captandum vulgus* arguments as those advanced by the Rev. Joseph Cook in his Free Assembly Hall lecture in Edinburgh. The lecturer, we are informed, proceeded to illustrate, by pouring alcohol on the white of an egg, the effect of drinking upon the albumen in the system! and he further stated that by hardening the albuminous substances in the body alcohol left scars on the brain and nerves which could not wash or grow out any more than scars in the skin. In a professional journal it would be insulting to the sense of our readers to point out the groundlessness and fallaciousness of such statements and experiments.

Sanitary Insurance.

There has been organized in London a society with the novel purpose of protecting the occupants of houses against unhealthy surroundings. It is called the "Sanitary Assurance Association," the English using the word "Assurance" in the sense of our "insurance" (of the two, ours is the more correct, "assurance" being, in fact, in this sense, a French word). This Society provides for the inspection of any building desired, by skilled officials; and these latter will, when required, draw up a report of whatever place they may be directed to examine, de-

scribing its actual sanitary condition, the alterations necessary to make it sanitarily perfect, and an estimate of the probable cost such alterations should involve. That such advice as a report of this kind would convey is imperatively called for in respect to the vast majority of houses is only too evident from the large number of deaths and diseases traceable to defects in sanitary construction.

Mushroom Poisoning.

A letter to *Science* says :—

A very peculiar case of poisoning occurred a short time ago at Puy l' Evêque, an account of which was sent to the Académie de Médecine by Dr. Demeaux. It seems that a family composed of five persons was taken violently ill after having eaten some mushrooms. One of the mushrooms left from dinner was sent by Dr. Demeaux to the Académie as a specimen, and upon being examined by M. Chatin, was found to belong to one of the numerous varieties of the orange ciguë species, called the *Amanita bulboza*. Nine-tenths of the mushroom poisoning we hear about is due to this *Amanita*, which, on account of its white color, is frequently mistaken by the inexperienced and unsuspecting for the harmless mushroom. It is certainly the height of folly for people to run about the woods and fields mushroom hunting, unless they are perfectly familiar with the different species.

Sisters of Charity as Nurses.

The plan has been actively pushed in Paris to dispense with the services of the Sisters of Charity in the hospitals, and substitute paid nurses. About one-third of the medical officers of the hospitals are opposed to the change, and have protested against it. The Municipal Council is for the change by a heavy majority, and are about to open a "municipal school for nurses" at the La Pitié Hospital. One objection urged against the sisters, is their proselytizing tendencies. From our own observations in the class which fill the Paris hospital, such, or any kind of religious admonition would not be amiss.

Causes of Deaths in Great Britain.

Prof. de Chaumont, of London, states, that of the 700,000 deaths per annum in Great Britain recorded by the Registrar-General, consumption caused about 70,000; diseases of the respiratory organs, 100,000; diarrhoea, 33,000; enteric fever, 11,000; scarlet fever, 25,000; and diphtheria, 3500. Some of these diseases might be prevented altogether if dwelling-houses were put in a good sanitary state, and others might be modified to a very material extent, the whole of them being propagated by foul air and foul water.

—John Thomas—"Did you ring, sir?" Surgeon (just arrived at country house)—"Yes. Why have you laid out my surgical instruments on the dressing table?" John Thomas—"Surgical instruments, sir? I thought them things was what you dressed for dinner with?"—Punch.